Abstract Research Notes
Railroad Retirement Record

Name of individual: Cecil Delbert Cowgill

Name of individual as appearing in the record being abstracted: Cecil D. Cowgill (Ruth Reckley Cowgill Widow)

Names and dates extracted from the record:		Comments:
Date of Birth	9/22/1908	(Record is widow's claim)
Place of Birth	Paw Paw	
Date of Death	11/12/1955	
Place of Death	Wiley Ford, Mineral Co., WV	
Social Security Number	214-05-8386	
Father's Name	John W. Cowgill	
Father's Birth		
Mother's Name	Samantha Swindell	
Mother's Birth		
Spouse Name	Ruth Reckley Cowgill	
Spouse Birth	6/21/1914 - Cumberland	middle name - Catherine
Marriage	9/14/1930 - Cumberland	by Alvey Reckley, minister
Other family mentioned	Delbert S. Cowgill (Son) - born 10/4/1931 - Living at 114 North 4th St. Hamburg, PA (in 1955)	

Employment Info

Baltimore & Ohio Railroad
Cauman Helper in Cumberland
Oct 1942 to January 1953 (see 2 lines below)
He had worked 68 calendar quarters; aggregate salary 40,741.79 for that timeframe
Another document shows he worked 1937 to 1954

Salary/Pension/Pymts

Claim # D-305241 (Widow death claim)
Widow lump-sum death benefit - $ 475.10 (residual payment)

Residences

Wiley Ford - 1955 P.O. Box 61
Ruth - 1975 - P.O. Box 98, Rehrersburg, PA 19550 ph # 933-5730
Ruth - 1980 - William & Chestnut Street, Wynclitte House Room 325, Hamburg, PA 19526
ph # 215-562-8352 (Berks County)

Medical

Cecil - Coronary Thrombosis - Cecil cause of death 1955

RRB FORM NO. G-35
(9-53)

STATEMENT OF JURISDICTION AND/OR RECORD OF TRANSFER

RRB CLAIM NO. D305241

SOCIAL SECURITY ACCOUNT NO. 214-05-8386

DECEASED EMPLOYEE'S NAME COWGILL, CECIL D

BUREAU OF WAGE AND SERVICE RECORDS

1. ☐ **RRB HAS JURISDICTION** – FORM G-73a BEING PROCESSED

2. **SSA HAS JURISDICTION**

☐ INSUFFICIENT QUARTERS OF COVERAGE

☐ CURRENT CONNECTION NOT APPARENT

☐ LESS THAN 120 MONTHS OF EMPLOYER SERVICE

_____ MONTHS OF SERVICE AFTER 1936

3. ☐ FORM RR-1 (BUFF) INITIATED

☐ FORM RR-1 (BUFF) NOT REQUIRED

REMARKS:

(PREPARED BY) _____ (DATE) _____

BUREAU OF RETIREMENT CLAIMS

4. ☑ **RRB HAS JURISDICTION** – FORM RR-1 (WHITE) RETURNED TO DAO

5. **CASE TRANSFERRED TO SSA ON BASIS OF:**

☐ RR-1 (WHITE) ☐ RR-1 (BUFF)

REASON FOR TRANSFER:

☐ INSUFFICIENT QUARTERS OF COVERAGE

☐ CURRENT CONNECTION NOT APPARENT

☐ LESS THAN 120 MONTHS OF EMPLOYER SERVICE

6. ☐ FORM SS-5 RETURNED

☐ FORM OA-702 RETURNED

REMARKS:

D.O.B. - 9-22-08

D.O.D. - 11-12-55

LAST EMP.

The Baltimore & Ohio R.R. Co.

E Blackburg (PREPARED BY) Wages Service — 11-23-55 (DATE)

RRB Chicago

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

Dist No. 290
Serial No. 192

CERTIFICATE OF DEATH

State File No.

1. NAME OF DECEASED (Type or Print) a. (First) Cecil	b. (Middle) Delbert	c. (Last) Cowgill	2. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1955

3. PLACE OF DEATH a. COUNTY Mineral	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE West Virginia b. COUNTY Mineral
b. CITY OR TOWN (If outside corporate limits, write RURAL and give district) Box 61, Wiley Ford — c. LENGTH OF STAY (In this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give district) Box 61, Wiley Ford
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Street, Wiley Ford	d. STREET ADDRESS (If rural, give location) State Street, Wiley Ford

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	Sept. 22, 1908	47				

10. USUAL OCCUPATION	10a. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carman	B & O Railroad	Paw Paw, West Virginia	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W. Cowgill	Samantha Sunderlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service	16. SOCIAL SECURITY No.	17. INFORMANT
No	214-05-8386	Mrs. Ruth Cowgill, Box 61, Wiley Ford, W.Va.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — Interval Between Onset and Death:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) [illegible]
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐	21f. HOW DID INJURY OCCUR?	21g. INQUEST Yes ☐ No ☐
m.			

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. A. Phillips, Jr. Attending Physician	Ridgeley, W.Va.	Nov. 12, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. EMBALMER'S SIGNATURE	LIC. NO.
Burial	Nov. 15, 1955	Island Hill Cemetery	John J. Hafer	138

DATE RECD. BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR (Signature)	LIC. NO.
11/14/55	Louise Ward	John J. Hafer	634

FEDERAL SECURITY AGENCY

I hereby certify that the above is a true photostatic (photographic) copy of a record filed with the Division of Vital Statistics of the State of West Virginia on

Nov. 14, 1955

Witness my hand and seal this 20th day of December 1955

N N Kyer MD

State Registrar of Vital Statistics

By A. Faye Dewey

Certification Clerk

Form No. (3-54) RR-1

SOCIAL SECURITY ADMINISTRATION
RAILROAD RETIREMENT BOARD

INTERAGENCY CERTIFICATION OF WAGES (INCLUDING SELF-EMPLOYMENT INCOME) AND COMPENSATION

1 BLOCK NO. OR SSA OFFICE: 31919 Cumberland, Md.

2 NAME OF DECEASED EMPLOYEE (LAST) (FIRST) (MIDDLE): Cowgill Cecil Delbert

3 RRB CLAIM NO.:

4 ADDRESS (STREET AND NUMBER, CITY, ZONE NUMBER, AND STATE): Wiley Ford, W. Va.

5 SSA ACCOUNT NO.: 214-05-8386

6 DATE OF DEATH: 11/12/55

7 DATE OF BIRTH: 9/22/08

8 DATE CURRENT CLAIM FILED:

9 OASI LAG EMPLOYERS AND ADDRESSES — FROM— TO—

RRB LAG EMPLOYERS (18 MOS.) — FROM— TO—

10 MILITARY SERVICE: None
BRANCH
FROM TO
FROM TO
FROM TO

11 WORK LOCATION

12 DEPARTMENT AND OCCUPATION

13 IF RR SERVICE PRIOR TO 1937 IS ALLEGED, COMPLETE APPROPRIATE ITEM: MOS. PRIOR SERVICE ALLEGED ☐ PRIOR SERVICE APPARENTLY ESTABLISHED ☐ G-108 ATTACHED

VERIFIED BY SSA ☐ RRB ☐ PROOF ATTACHED ☐

14 YR.	MOS. SERV.	WAGE Q. C.	COMP. Q. C.	TOTAL Q. C.	WAGES	COMPENSATION	WAGES AND COMPENSATION	MONTHS IN WHICH EMPLOYED (RRB) J F M A M J J A S O N D
PRIOR SERVICE								
1937		4			1430 00			
1938		4			1324 00			
1939		4			1300 00			
1940		4			1300 00			
1941		4			1357 00			
1942		4			1431 00			
1943		1			320 00			
1944								
1945								
1946								
1947								
1948								
1949								
1950								
1951								
1952								
1953								
1954								
1955								
1956								
1957								
TOTAL		25			8462 00			

15 GROSS RESIDUAL A. PAYMENT $ — DEDUCTIBLE BENEFITS B. ALREADY PAID BY RRB $

16—66550-2

WHITE TRANSFER

16 CONFLICT EMPLOYERS

RR-1 (3-54)

EMPLOYER'S NAME AND ADDRESS	WAGE PERIOD FROM—	WAGE PERIOD TO—	WAGES COMPENSATION

17 BENEFIT STATUS RRB

(A) ☐ DECEASED WAS A PENSIONER

(B) ☐ DECEASED RECEIVED ANNUITY BEFORE 1948 BASED ON AT LEAST 10 YEARS OF SERVICE

(C) ☑ COMPLETELY OR PARTIALLY INSURED

(D) ☐ SURVIVOR ANNUITY AWARDED (120 MONTHS SERVICE)

(E) ☐ SURVIVOR ANNUITY AWARDED BEFORE 10-30-51 AND CURRENTLY PAYABLE (LESS THAN 120 MONTHS SERVICE)

(F) ☐ ANNUITY AWARDED BEFORE 10-30-51 BUT NOT CURRENTLY PAYABLE OR LUMP SUM AWARDED (LESS THAN 120 MONTHS)

(G) ☐ AT LEAST 120 MONTHS SERVICE BUT INSURED STATUS NOT APPARENT

(H) ☐ LESS THAN 120 MONTHS SERVICE AND NO BENEFITS PAID BY RRB

DATE 11-23-55

SIGNED E Rudberg

18 COMPENSATION RECORD

THROUGH 1946

$

AFTER 1946 THROUGH _____ (MO. AND YEAR)

$

TOTAL

$

19 REMARKS

(A) ☐ WAGES / COMPENSATION } $ _____ IN QUARTER OF DEATH NOT INCLUDED IN CERTIFIED TOTAL

(B) ☐ WAGES OF $ _____ FOR 1ST QUARTER PRECEDING DEATH AND $ _____ FOR 2D QUARTER PRECEDING DEATH INCLUDED IN CERTIFIED TOTAL

(C) ☐ COMPENSATION FOR QUARTER OF DEATH INCLUDED IN CERTIFIED TOTAL

(D) ☐ NO COMPENSATION EXCLUDED, AS THE DATE OF DEATH IS NOT GIVEN

(E) ☐ _____ DIVISOR QUARTERS ALLOWED PRIOR TO ATTAINMENT OF AGE 22

(F) ☐ MILITARY SERVICE NOT CREDITABLE RRB. (EXPLAIN)

(G) ☐ SSA MS NOT CERTIFIED PER TELETYPE OF MARCH 20, 1952

(H) ☐ CLAIM FOLDER NOT FORWARDED

(I) ☐ CLAIM FOLDER ATTACHED

(J) ☐ UNPAID EMPLOYEE TAXES. AMOUNT $ _____

(K) ☐ BLOCK 14 NOT COMPLETED. INFORMATION PREVIOUSLY FURNISHED ON RR-1 _____ (DATE)

(L) ☐ SEI $ _____ IN YEAR OF DEATH NOT INCLUDED IN CERTIFIED TOTAL

(M) ☐ SEI NOT POSTED FOR YEAR(S) _____. IF SEI NECESSARY FOR FINAL ADJUDICATION OF CLAIM BY RRB, PLEASE RESUBMIT AT LEAST NINE MONTHS AFTER THE CLOSE OF THE LATEST TAXABLE YEAR INVOLVED AND WE WILL RECERTIFY.

(N) ☐ SEI INCLUDED IN ITEM 14:

	AMOUNT		AMOUNT		AMOUNT		AMOUNT
1951		1952		1953		1954	
1955		1956		1957			

RECEIVED DEC 5 1955

20 CERTIFICATION

I certify that all the service and compensation data and quarters of coverage entered on this form are those of the individual named and identified herein and are correct according to the records of the Railroad Retirement Board.

BY _____ HOWARD W. HABERMEYER, DIRECTOR, BUREAU OF WAGE AND SERVICE RECORDS

DATE _____

I certify that all the wage data and quarters of coverage entered on this form are those of the individual named and identified herein and are correct according to the records of the Social Security Administration.

BY Jwood J. L. FAY, ASSISTANT DIRECTOR, BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

DATE 12/2/55

RECEIVED NOV 12 1955

U. S. GOVERNMENT PRINTING OFFICE 16—66550-2

Form OAC-5002
(1-54)

REPORT OF CONTACT

(USE INK OR TYPEWRITER)

OFFICE: Cumberland, Md.

DATE: 12/1/55

W/E OR S/E PERSON: Cecil D. Cowgill

A/N: 214-05-8386

NAME AND ADDRESS OF PERSON(S) CONTACTED:

CONTACT MADE: IN PERSON ☐ TELEPHONE ☐

PLACE OF CONTACT:

Ruth Reckley Cowgill, widow, Wiley Ford, West Virginia, born 6/21/14 made inquiry in the Cumberland D.O. on November 16, 1955, regarding possible survivors benefits. She stated that her husband was born 9/22/08 and died 11/12/55 and that he had worked for the B&O Railroad.

We have no further information in our files.

CONTACT MADE BY E. D. Loper (SIGNATURE) Claims Representative (TITLE)

(FOR CONTINUATION OF THIS REPORT, TURN PAGE. KEEP MARGINAL SPACE AT RIGHT FOR BINDING)

U. S. GOVERNMENT PRINTING OFFICE : 1954--O-322013 16--5986-6

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Social Security Administration

Form No. RR-3
(8-53)

Railroad Retirement Board
Bureau of Retirement Claims

INTER-AGENCY CLAIMS TRANSMITTAL

Date 12/2/55

To ~~RAILROAD RETIREMENT BOARD~~
BUREAU OF WAGE AND SERVICE RECORDS

Account Number 214-05-8386

Wage Earner Cecil D. Cowgill

The attached claims case is being transferred to your office for:

Determination of Insured Status Under RRA	☐
Final Adjudication	☐
As Requested	☒
_____	☐

Original to RRB or ~~Area Office~~ ✓
Duplicate to DAO
Triplicate to OASI Field Office

DIVISION ACCOUNTING OPERATIONS
Transmitting Office 6356

RRB FORM NO. G-35
(9-53)

STATEMENT OF JURISDICTION AND/OR RECORD OF TRANSFER

COWGILL, CECIL DELBERT D-305241
214-05-8386

17 Elder Street
Cumberland, Maryland

9-22-1908
11-12-1955
B & O

BUREAU OF WAGE AND SERVICE RECORDS	BUREAU OF RETIREMENT CLAIMS
1. ☐ **RRB HAS JURISDICTION** – FORM G-73a BEING PROCESSED	4. ☒ **RRB HAS JURISDICTION** – FORM RR-1 (WHITE) RETURNED TO DAO
2. SSA HAS JURISDICTION ☐ INSUFFICIENT QUARTERS OF COVERAGE ☐ CURRENT CONNECTION NOT APPARENT ☐ LESS THAN 120 MONTHS OF EMPLOYER SERVICE _____ MONTHS OF SERVICE AFTER 1936	**5. CASE TRANSFERRED TO SSA ON BASIS OF:** ☐ RR-1 (WHITE) ☐ RR-1 (BUFF) **REASON FOR TRANSFER:** ☐ INSUFFICIENT QUARTERS OF COVERAGE ☐ CURRENT CONNECTION NOT APPARENT ☐ LESS THAN 120 MONTHS OF EMPLOYER SERVICE
3. ☐ FORM RR-1 (BUFF) INITIATED ☐ FORM RR-1 (BUFF) NOT REQUIRED	6. ☐ FORM SS-5 RETURNED ☐ FORM OA-702 RETURNED
REMARKS:	REMARKS:
_____ (PREPARED BY) _____ (DATE)	Florence Rice 12-8-55 (PREPARED BY) (DATE)

W C-S

RRB Chicago

RRB FORM G-91 (1-7)

DESCRIPTION AND CERTIFICATION AS TO ACCEPTABILITY OF EVIDENCE SUBMITTED

1. DATE: 1/13/54

2. S.S.A. OR CLAIM NUMBER: 714-08-8366

3. FILE NAME OF EMPLOYEE: Cecil Delbert Cowgill

DESCRIPTION OF DOCUMENT

4. KIND OF DOCUMENT: Original Marriage Certificate

5. ON OFFICIAL STATIONERY? ☑ YES ☐ NO
SEAL USED? ☐ YES ☑ NO

6. DATE RECORD MADE: 9/14/1930

7. NAME OF ISSUING AGENCY, INSTITUTION OR ORGANIZATION: Clerk of the Circuit Court of Allegany Co. Md

8. DESCRIBE ANY ERASURES, ALTERATIONS OR INTERLINEATIONS APPEARING ON DOCUMENT: None

9. IF DATE RECORD WAS MADE IS NOT SHOWN, DESCRIBE BRIEFLY THE CONDITION OF THE DOCUMENT

INFORMATION ON DOCUMENT

	EMPLOYEE	SURVIVOR
10. NAME	Cecil Delbert Cowgill	Ruth Catherine Beckley
11. AGE OR DATE OF BIRTH		
12. PLACE OF BIRTH		
13. NAME OF FATHER		
14. MOTHER'S MAIDEN NAME		
15. DATE OF DEATH		
16. MARRIAGE	DATE Sept. 14th 1930	PLACE Cumberland Md

17. OTHER PERTINENT INFORMATION:

Document certifies marriage was performed by and as signed by Abey S. Beakley Minister

UNIT OR FIELD OFFICE	SIGNATURE AND TITLE
Altoona Pa	W. J. Dorn Contact Representative

18. (FOR USE OF BUREAU OF RETIREMENT CLAIMS ONLY)

DOCUMENT ESTABLISHES: AGE OR DATE OF BIRTH OF: ☐ EMPLOYEE ☐ SURVIVOR ☐ MARRIAGE ☐ DEATH ☐ RELATIONSHIP OF SURVIVOR

RELATIONSHIP _____

UNIT	SIGNATURE AND TITLE

RRB Chicago

FORM APPROVED
BUDGET BUREAU NO. 70-R147.4

RL-94-F
(10-54)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

In reply refer to

Dear

In order that we may determine whether monthly benefits or a lump-sum death payment may be payable under the Railroad Retirement Act by reason of the death of Boyd Albert Longsdorf, a former employee in the railroad industry, will you please fill in all of the items listed below and on the other side of this letter. If you do not know the answer to any item, write "Unknown" in the item. Please return the completed form to the Railroad Retirement Board in the enclosed envelope. This form is *not* an application for benefits.

Very truly yours,

Enclosure
Envelope

---

1. Deceased employee's (a) 214-05-8356 (SOCIAL SECURITY ACCOUNT NO.) (b) — (R.R.B. CLAIM NO.)

c. Apr 22-1908 (DATE OF BIRTH) Nov 12-1955 (DATE OF DEATH) Wiley Ford W.Va (PLACE OF DEATH)

2. How many years did the deceased employee work in the railroad industry:

(a) Before 1937 0 years (b) After 1936 10 1/3 years

3. Give the following information for each employer, *including* employers outside the railroad industry, for whom the deceased employee worked during the 3-year period ending with the month of last employment: (If he worked for himself, write "self-employed" in the first column.)

NAME OF EMPLOYER	LAST OCCUPATION	LOCATION	WORK BEGAN		WORK ENDED	
			MONTH	YEAR	MONTH	YEAR
Baltimore & Ohio R.R.	Car man Helper	Cumberland Md	10	1942	1	1953

4. Did the deceased employee serve in active military or naval service of the United States? No (YES OR NO)
If "Yes," give

(DATE OF ENTRY) (DATE OF DISCHARGE) (BRANCH OF SERVICE)

5. (a) Have the deceased employee's burial expenses been paid? yes (YES OR NO)

(b) Give the name and address of any person who paid or will pay all or part of the burial expenses:

Ruth C Cowgill (NAME) PO Box 61 - Wiley Ford W Va (ADDRESS)

6. Give the name and address of the administrator or executor of the estate of the deceased employee, if any: (If none, write "None.")

None (NAME) (ADDRESS)

7. Give the following information regarding the deceased employee's widow or widower, children (including adopted children or stepchildren), and parents (including an adopting parent or step-parent). If any child of the deceased employee, under age 18, is not living with its surviving parent, include the name and address of the person with whom such child is living:

NAME OF SURVIVOR	SURVIVOR'S ADDRESS	DATE OF BIRTH	RELATIONSHIP TO DECEASED
Ruth C. Cowgill	PO Box 61 - Wiley Ford W Va	6/21/1914	widow
Delbert A. Cowgill	114 N. 4th St. Hamburg Pa	10/4/1931	son

8. Are there any children named in item 7 who are 18 years of age or older and unable to engage in any regular employment because of a permanent disability that began before age 18? No (YES OR NO)

9. If a *widower, parent, step-parent* or *adopting parent* is listed in item 7 above, was any such survivor receiving at least one-half of his or her support from the deceased employee when the employee died? — (YES OR NO) If "Yes," give the name of each such survivor.

10. If a widow or widower is listed in item 7 above, give the date she or he married the deceased employee Sept 14 - 1930

11. If the deceased employee was survived by any child of his (or her) deceased child, give the following information:

NAME OF GRANDCHILD	ADDRESS	DATE OF BIRTH	NAME OF DECEASED CHILD
None			

RECEIVED JAN 3 1955 SCREENING UNIT

12. Was the deceased employee receiving a monthly pension or annuity under the Railroad Retirement Act? No (YES OR NO)

13. Has anyone filed an application for benefits under the Social Security Act by reason of the death of the deceased employee? No (YES OR NO) If "Yes," give the name and address of each such person:

14. What is your relationship, if any, to deceased employee? widow

Signature of person furnishing information Ruth C Cowgill

PO Box 61 - Wiley Ford W. Va (ADDRESS) RC-88799 (TELEPHONE NUMBER)

RL-94-F (10-54) Date signed Dec 13th 1954

448 Chicago

FORM APPROVED
BUDGET BUREAU NO. 70-R144.4

FORM NO. AA-21
(3-55)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

DISTRICT MANAGER'S OFFICE
RAILROAD RETIREMENT BOARD
ROOM 315, POST OFFICE BLDG.
ALTOONA, PENNSYLVANIA

ENTER EMPLOYEE'S RRB CLAIM NUMBER (IF NONE OR UNKNOWN, MAKE NO ENTRIES IN THIS SPACE)
D-305241

(DO NOT WRITE IN THIS SPACE)
12-13-55
W P Rowan

APPLICATION FOR LUMP-SUM DEATH PAYMENT AND ANNUITIES UNPAID AT DEATH

(THIS MAY ALSO BE CONSIDERED AN APPLICATION FOR ANY LUMP-SUM DEATH PAYMENT OR ANY INSURANCE BENEFITS BASED ON THE DEATH OF THIS EMPLOYEE PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT, AS AMENDED)

ALL ITEMS REQUIRING AN ANSWER MUST BE ANSWERED OR MARKED "UNKNOWN." RETURN THIS FORM TO THE RAILROAD RETIREMENT BOARD,

I, RUTH CATHERINE COWGILL, hereby apply for any annuities or lump sums which may be payable to me under the provisions of the Railroad Retirement Act, as amended.
(PRINT - YOUR FIRST - MIDDLE - LAST NAME)

INFORMATION ABOUT DECEASED EMPLOYEE

1. Name CECIL DELBERT COWGILL (PRINT - FIRST - MIDDLE - MAIDEN LAST NAME IF FEMALE - LAST NAME) 214-05-8386 (SOCIAL SECURITY ACCOUNT NUMBER)
2. Date and place of birth 9-22-1908 (MONTH - DAY - YEAR) PAW PAW (CITY OR TOWN) W. VA (STATE OR FOREIGN COUNTRY)
3. Date and place of death 11-12-1955 (MONTH - DAY - YEAR) WILEY FORD (CITY OR TOWN) W. VA (STATE OR FOREIGN COUNTRY)
4. In what State or foreign country did the deceased employee have his fixed, permanent home when he died? W. VA
5. Did the deceased employee serve in the active military or naval service of the United States after September 7, 1939? NO (YES OR NO) If "Yes," answer (a), (b), and (c).
   (a) Give _____ (BRANCH OF SERVICE) _____ (DATE OF ENTRY)
   _____ (PLACE OF ENTRY) _____ (DATE OF DISCHARGE) _____ (PLACE OF DISCHARGE)
   _____ (MILITARY ORGANIZATION OR VESSEL AT TIME OF DISCHARGE) _____ (SERIAL NO. - IF NONE, GIVE RANK)
   (b) Was the deceased employee receiving a monthly benefit from any Federal agency other than the Railroad Retirement Board? _____ (YES OR NO) If "Yes," give name of agency: _____
   (c) Have you or any other person received, or do you or any other person expect to receive, benefits by reason of the death of the employee from any Federal agency other than the Railroad Retirement Board? _____ (YES OR NO) If "Yes," give name of agency: _____
6. List all employment for hire performed by the deceased employee during the last 3 years in which he worked:

NAMES OF PERSONS OR COMPANIES FOR WHOM THE DECEASED EMPLOYEE WORKED	ADDRESSES	WORK BEGAN		WORK ENDED	
		MONTH	YEAR	MONTH	YEAR
B+O RRCo	Cumberland Md	10	1942	1	1953

7. Did the deceased employee receive income, as a self-employed person (whether as sole owner or partner), from a trade or business during the year in which he died or during the 2 years preceding the year of his death? NO (YES OR NO) If "Yes," give the following information:
   Kind of trade or business: _____
   Period of self-employment: From _____ to _____

8. Was the deceased employee ever married? Yes (YES OR NO) If "Yes," give the following information about each marriage, including the marriage, if any, in effect at the time of the employee's death:

MARRIAGE(S)	TO WHOM MARRIED	HOW MARRIAGE ENDED (DEATH, DIVORCE, ANNULMENT)	MARRIAGE ENDED
1. DATE 9-14-1930	Ruth C. Reckley	Death	DATE 1-12-1957
PLACE Cumberland Md			PLACE Wiley Ford W. Va
2. DATE			DATE
PLACE			PLACE
3. DATE			DATE
PLACE			PLACE

9. Was the deceased employee survived by a widow or widower? Yes (YES OR NO) If "Yes," give the following information:
   (a) Name and address of widow or widower: Ruth C. Cowgill Wiley Ford W. Va
   (b) Were the employee and his wife (her husband) living together at the same address at the time of the employee's death? Yes (YES OR NO) If "No," also answer (c), (d), and (e):
   (c) State why the husband and wife were not living together and date they separated:

   (d) Was the deceased employee under order by any court to contribute to the support of his wife (her husband)? _____ (YES OR NO) If "Yes" and you are the *widow* or *widower*, a copy of the court order should be submitted.
   (e) Was the deceased employee contributing to the support of his wife (her husband)? (Contributions may be in cash or kind, such as living rent-free in a house which the deceased employee owned.) _____ (YES OR NO) If "Yes," state how often contributions were made and in what amounts: _____

10. (a) Give the following information about the deceased employee's children (including illegitimate, adopted children, and stepchildren); show relationship by placing (✓) in proper column. (If none, write "None.")

NAME OF CHILD	RELATIONSHIP				DATE OF BIRTH	ADDRESS OF CHILD
	LEGITIMATE	ADOPTED	STEP-CHILD	ILLEGITIMATE		
Delbert A Cowgill	✓				10/4/1931	114 N 4th St Hamburg Pa

   (If a child of the deceased employee is born after this application is filed, notify the Railroad Retirement Board promptly as such child may receive a child's insurance annuity.)
   (b) Give the name of any child, age 18 or older, who is unable to engage in any regular employment because of a disability which began before the child attained age 18: (If none, write "None.")
   None
   (c) Give the following information about children of the employee's deceased children: (If none, write "None.")

NAME OF GRANDCHILD	DATE OF BIRTH	ADDRESS OF GRANDCHILD	NAME OF DECEASED CHILD
None			

11. Give the following information about the deceased employee's living parents; show relationship by placing (✓) in the proper column. (If none, write "None.")

NAME	RELATIONSHIP			DATE OF BIRTH	ADDRESS
	NATURAL	ADOPTING PARENT	STEP-PARENT		
None					

INFORMATION ABOUT APPLICANT

12. If you are a woman, give full maiden name: Ruth Catherine Rockey

13. What is your relationship to the deceased employee? Widow

14. (a) *If you are the widower or a parent of the deceased employee,* were you receiving at least one-half of your support from the employee at the time of his or her death? — (YES OR NO)

(b) *If you are the widower* of an annuitant under the Railroad Retirement Act and the answer to (a) is "No," were you receiving at least one-half of your support from your wife at the time her annuity began? — (YES OR NO)

15. *If you are the widow or widower:* (a) Were you married before your marriage to the employee? No (YES OR NO)
If "Yes," give the following information about each of your previous marriages:

PREVIOUS MARRIAGE(S)	TO WHOM MARRIED	HOW MARRIAGE ENDED (DEATH, DIVORCE, ANNULMENT)	MARRIAGE ENDED
1. DATE			DATE
PLACE			PLACE
2. DATE			DATE
PLACE			PLACE
3. DATE			DATE
PLACE			PLACE

(b) Indicate by (✓) whether your marriage to the employee was performed by

☐ Clergyman or authorized public official

☐ Other (explain) _____

16. *If you are not the widow, widower, child, child of a deceased child, or parent of the deceased employee,* give the following information:

(a) Have you been appointed administrator or executor of the deceased employee's estate? _____ (YES OR NO) If "No," give name and address of the administrator or executor of the deceased employee's estate (If none, write "None.") _____

(b) Total amount of burial expenses . . . . . $ _____

(c) Does the amount in (b) above include the cost of the burial lot? _____ (YES OR NO) If "No," was the employee buried in his family plot? _____ (YES OR NO) If the employee was not buried in his family plot, give the name and address of the person who furnished the lot: _____

(d) Amount of burial expenses paid by you . . . . . $ _____

(e) Was any part of the burial expenses (shown in (b) above) paid by others? _____ (YES OR NO) If "Yes," give the following information:

NAME AND ADDRESS OF SUCH OTHER PERSON	RELATIONSHIP TO EMPLOYEE	AMOUNT PAID
		$
		$
		$
		$

(f) Have you received or will you receive any amount in cash or property toward the burial expenses paid by you? (Do not include proceeds from an insurance policy or benefits from a fraternal association, union or employer if you were the named beneficiary of any such benefit) _____ (YES OR NO) If "Yes," give the following information:

SOURCE OF PAYMENT	DATE PAYMENT RECEIVED OR EXPECTED	AMOUNT PAID
		$
		$
		$

(g) Has application for reimbursement for, or payment of, burial expenses been, or will it be, filed with the Veterans Administration or any other Federal agency? _____ (YES OR NO) If "Yes," give the following information:

NAME OF AGENCY	NAME OF PERSON FILING WITH OTHER AGENCY	AMOUNT CLAIMED
		$
		$

(h) If you are not related to the employee by blood or marriage or you are not the administrator or executor of the employee's estate, state why you paid his burial expenses: _____

(i) Was the deceased employee survived by any brothers or sisters? _____ (YES OR NO) If "Yes," give the following information:

NAME OF EACH BROTHER OR SISTER	AGE	ADDRESS

REMARKS: (THIS SPACE MAY BE USED FOR EXPLAINING ANY ANSWERS TO QUESTIONS. IF MORE SPACE IS NEEDED, ATTACH ANOTHER SHEET.)

CERTIFICATION: Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: If this certificate has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

1. _____ (NAME)
_____ (STREET AND NUMBER)
_____ (CITY) _____ (ZONE) _____ (STATE)

2. _____ (NAME)
_____ (STREET AND NUMBER)
_____ (CITY) _____ (ZONE) _____ (STATE)

SIGNATURE OF APPLICANT:

Ruth C Cowgill
(SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

Box 61
(STREET AND NUMBER)

Wiley Ford
(CITY) (ZONE NUMBER)

Marion W. Va
(COUNTY) (STATE)

TELEPHONE NUMBER AT WHICH I CAN BE REACHED:

R.F. 99799
(IF NONE, WRITE "NONE")

DATE SIGNED Dec 13th 1935
(MONTH) (DAY) (YEAR)

PENALTIES

SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

RRB Chicago

12-16 SA

RRB FORM NO. G-194
(5-54)

FIELD REPORT OF DEATH AND/OR REPORT OF RETURNED CHECK(S)

1. CLAIM NO. (IF ASSIGNED)
D-305241

INSTRUCTIONS: WHERE DEATH OF AN EMPLOYEE IS BEING REPORTED, FILL IN ITEMS 1 THROUGH 14. WHERE DEATH OF AN ANNUITANT OR PENSIONER IS BEING REPORTED, FILL IN ITEMS 1 THROUGH 8 AND ITEM 14, IF APPROPRIATE. IF CHECKS OF A DECEASED ANNUITANT OR PENSIONER ARE RETURNED, ALSO FILL IN ITEMS 15 THROUGH 18. WHERE CHECKS OF A PERSON OTHER THAN A DECEASED ANNUITANT OR PENSIONER ARE RETURNED, FILL IN ITEM 1 AND ITEMS 15 THROUGH 19. ITEM 20 IS TO BE COMPLETED IN ALL CASES.

2. SOCIAL SECURITY ACCOUNT NO. OF EMPLOYEE
214-05-8386

3. NAME OF EMPLOYEE
Cecil Delbert Cowgill

4. NAME OF DECEASED PERSON
Cecil Delbert Cowgill

9. EMPLOYEE'S DATE OF BIRTH
Sept 22nd 1906

5. DATE OF DEATH
Nov 12th 1953

10. OCCUPATION
Carman Helper

6. ADDRESS AT TIME OF DEATH
PO Box 61
Wileyford W. Va

11. LOCATION
Cumberland Md

7. STATUS OF DECEASED PERSON UNDER RR ACT

- [X] EMPLOYEE
- [ ] EMPLOYEE ANNUITANT
- [ ] SPOUSE ANNUITANT
- [ ] INSURANCE ANNUITANT
- [ ] PENSIONER

12. NAME OF LAST EMPLOYER
Baltimore & Ohio R.R. Co

8. SOURCE OF INFORMATION
Ruth C. Cowgill — Widow
NAME OF INFORMANT — RELATIONSHIP TO DECEDENT

13. DATE LAST WORKED
Jan 13th 1953

14. ACTION TAKEN BY FIELD (AND REMARKS, IF ANY)
Deceased is survived by widow protective payee 70 yrs and one
6 but child
RR 1941 pulmonite completely summit status
Applicant advised for a/c Death award

THE CHECK(S) DESCRIBED BELOW WERE RETURNED TO THE RETIREMENT DISBURSEMENTS DIVISION

15. CHECK NUMBER	(A)	(B)	(C)
16. DATE OF CHECK	(A)	(B)	(C)
17. AMOUNT	(A)	(B)	(C)
18. NAME OF PAYEE			
19. REASON FOR RETURN			

20.

DATE Dec 13th 1953 SIGNATURE W P Howen

FIELD OFFICE Altoona Pa TITLE Contact Representative

RRB Chicago

PLEASE FURNISH INFORMATION ON THE ITEMS CHECKED

- ☐ SSA: 214-05-8386
- ☐ NAME: CECIL DELBERT COWGILL
- ☐ ADDRESS: 17 ELDER ST. CUMBERLAND, MARYLAND
- ☐ DATE OF BIRTH:
- ☐ RR.
- ☐ CLAIM NUMBER: D305241
- ☐ DATE SIGNED:

RRB FORM NO. G-24 (10-55)

CLAIM NUMBER D 305241

FOLDER RECORD OF ACTION TAKEN

FORM RELEASED G-3a+ G-72; RR-1-white

RELEASED TO Wage+ Service

OTHER ACTION:

DEC 20 1955

(DATE)

(EXAMINER)

RRB Chicago

RRB FORM NO. G-659a
(3-54)

FIELD CHECK LIST FOR CLAIM FOR SURVIVOR BENEFITS

1. SOCIAL SECURITY ACCOUNT NUMBER	2. CLAIM NUMBER
214-05-8386	D-305241

3. NAME OF DECEASED EMPLOYEE: Cecil Delbert Cowgill

4. FIELD OFFICE: Altoona District PREPARED BY: Pauline F. Turchetta DATE: December 28, 1955

5. NAMES AND ADDRESSES OF SURVIVORS	DATE OF BIRTH	RELATIONSHIP	APPLICATION REQUIRED YES	APPLICATION REQUIRED NO	APPLICATION RECEIVED MAIL	APPLICATION RECEIVED PERSON	APPLICATION RECEIVED EMPLOYER	FORM NUMBER
Ruth Catherine Cowgill	6/21/1914	Widow				x		AA-21
Box 61								
Wiley Ford, West Virginia								

6. ITEM	REQUIRED	ATTACHED	WILL BE SUBMITTED	PREVIOUSLY SUBMITTED	REMARKS
PROOF OF DEATH	x	x			
PROOF OF MARRIAGE	x	x			
PROOF OF AGE OF:					
PROOF OF RELATIONSHIP OF:					
G-194	x			x	
FORM G-467					
FORM RL-94-F	x	x			
PROOF OF APPOINTMENT OF GUARDIAN					
PROOF OF PAYMENT OF BURIAL EXP.					

RRB Chicago

FORM NO. G-365
(11-51)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

DETERMINATION OF AWARD
INSURANCE ANNUITY OR LUMP-SUM DEATH PAYMENT

FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
NOVEMBER 14, 1951

1. ADMINISTRATIVE CHECK NO.

3. CLAIM NO. LD 305 241

2. [X] FINAL CERTIFICATION
[ ] SUBJECT TO RECERTIFICATION

4. DECEASED EMPLOYEE: CECIL D. COWGILL

5. EMPLOYEE'S S.S.A. NO.: 214-01-8386

8. REQUIRED QUARTERS RRA	SSA	9. MILITARY SERVICE QUARTERS	12. EMPLOYEE DIED INSURED RRA	SSA	6. DATE OF BIRTH	7. DATE OF DEATH
			PARTIALLY	CURRENTLY	9-22-08	11-12-55
10. TOTAL QUARTERS: 68		11. CURRENT QUARTERS RRA SSA	COMPLETELY ✓	FULLY ✓	13. QUARTERS COVERAGE AFTER RETIREMENT ANNUITY BEGAN: 00	
					QUARTERS RETIREMENT ANNUITY PAYABLE BEFORE AGE 65:	

			DIVISOR	AVER. MO. REMUNERATION	INCREMENTS		
14. RRA	COMP. DATE 11-12-55	TOTAL WAGES AND COMP. $4074.79	225	181.07	17	BASIC AMOUNT $ 47.70	TEN TIMES BASIC AMOUNT $ 477.00
15. SSA	COMP. DATE	TOTAL WAGES AND COMP. $	DIVISOR	AVERAGE MONTHLY WAGE	INCREMENTS	PRIMARY BENEFIT $	PRIMARY AMOUNT $

16. INSURED UNDER SECTION 5(1)(7)(III) OF 1937 ACT, AS AMENDED

17. TOTAL REIMBURSABLE BURIAL EXPENSES ARE $

[ ] RETIREMENT ANNUITY BASED ON AT LEAST 10 YEARS OF SERVICE BEGAN TO ACCRUE BEFORE 1948 . MONTHLY COMPENSATION: $
[ ] PENSION PAYABLE AT DEATH . MONTHLY EARNINGS: $

BASIC AMOUNT $

PAID AS FOLLOWS:

REMAINS UNPAID $

18. [ ] WIDOW [ ] WIDOWER ENTITLED TO SPOUSE'S ANNUITY FOR MONTH PRECEDING MONTH OF EMPLOYEE'S DEATH. AMOUNT OF SPOUSE'S ANNUITY $

19. SYMBOL	RELATIONSHIP	DATE OF BIRTH	CLAIM FILED	RAILROAD RETIREMENT ACT: NORMAL ANNUITY	OTHER BENEFITS	ADJ. ANNUITY	SOCIAL SECURITY ACT: ORIG. BENEFIT	OTHER BENEFITS	ADJ. BENEFITS	SSA NUMBER
4	WIDOW	6-21-14	12-B-55	$	$	$	$	$	$	

20. REDUCTION FOR OTHER BENEFITS PAYABLE BY REASON OF MILITARY SERVICE

(A) INCREASE RESULTING FROM MILITARY SERVICE	$
(B) AMOUNT OF OTHER BENEFITS PAYABLE	$
(C) RATIO BY WHICH MILITARY SERVICE INCREASES QUARTERS OF COVERAGE %	$

21. CHECK MAXIMUM PAYABLE

RRA [ ] $30 [ ] $180 [ ] 2-2/3 BASIC AMOUNT $
SSA [ ] $40 [ ] $150 [ ] 60% AVERAGE WAGE $

22. REMARKS:

W I A AT 60

B443d
Oct 1, 55-00
G-7J-

23. CERTIFICATION OF PAYMENT — FINAL PAYMENT YES [X] NO [ ]

SYMBOL	NAME AND ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT WHOSE NAME ALSO APPEARS BELOW	MONTHLY RATE OR SHARE	BEGINNING DATE	NET AMOUNT PAID
(MRS) 4	RUTH E. COWGILL	$ ALL		$475.10
	BOX 61			
	WILEY FORD, W. VA.			

EXAMINER: L. J. McCauley 632

COMPUTER

I, THE UNDERSIGNED OFFICER OF THE RAILROAD RETIREMENT BOARD, HEREBY CERTIFY PURSUANT TO LAWFULLY DELEGATED AUTHORITY THAT THE FOREGOING STATEMENTS ARE MY DECISION OF FACT AND LAW AS TO BENEFIT(S) TO BE PAID AND THAT ALL INDICATED BENEFIT(S) ARE IN ACCORDANCE WITH THE PROVISIONS OF THE RAILROAD RETIREMENT ACT OF 1937, AS AMENDED.

DATE 1-30-56 19__. SIGNATURE _____ AUTHORIZATION OFFICER

888 Chicago

RL-43d
(9-54)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

FEB 6 1956

Ruth C. Cowgill
Box 61
Wiley Ford, West Virginia

In reply refer to
R.R.B. No. D-305241
Name of Deceased Employee
Cecil D. Cowgill

You have been found to be entitled to a lump-sum payment of $ 475.10 under the Railroad Retirement Act. A check for this amount will be sent to you within a few days.

The lump-sum payment is based on the earnings of the deceased employee under the Railroad Retirement Act and the Social Security Act. Therefore, no benefits are payable under the Social Security Act.

The payment(s) described above will not affect your future entitlement to any additional benefits payable under the Railroad Retirement Act. The enclosed leaflet lists the types of benefits to which survivors of employees may become entitled and explains the conditions under which survivors qualify for benefits. As the above-named employee was completely insured, you may be eligible for a monthly annuity beginning with the month in which you attain age 60 if you have not remarried. However, at that time, it will be necessary for you to file a new application with an office of the Board.

If you require further information, you may write to this office or call at any of the field offices shown on the enclosed list.

Yours very truly,

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

Enclosures
RB-7
T-83
G-75
mr

An applicant for benefits under the Railroad Retirement Act may appeal to the Appeals Council of the Board if he does not agree with the decision on his claim. If an appeal is made, it must be submitted on the form provided by the Board and must be received at an office of the Board within one year from the date of this letter.

ALWAYS GIVE CLAIM NUMBER WHEN WRITING ABOUT YOUR CLAIM

D-305-241

FORM NO. G-73a (11-55)

DETERMINATIONS - INSURED STATUS, BASIC AMOUNT, PIA, GROSS RESIDUAL PAYMENT

22 DATE OF BIRTH: 9-22-08

23 REQUIRED QUARTERS OF COVERAGE — RRA: 39 SSA: 9

24 O/M - DATE OF EMPLOYEE'S ENTITLEMENT:

25 DATE ATTAINED AGE 65: 9-21-73

26 ACQUIRED QUARTERS OF COVERAGE — RRA: One SSA: 4 8ths

27 EFFECTIVE DATE(S) OF ANNUITY:

28 CURRENT CONNECTION RRB — YES [X] NO [ ]

29 FIRST QUARTER INSURED — RRA: SSA:

30 [ ] DECEASED $ ____ $ ____ HAD A PENSIONER (AMT OF PIA) (AV MO EARN)

[ ] DECEASED RECEIVED ANNUITY BEFORE 1948 BASED ON AT LEAST 10 YRS. OF SERVICE

TAX NO CONT.

31 AT LEAST 120 SER. MOS. [X] LESS THAN 120 SER. MOS. [ ]

32 INSURED STATUS — RRA: COMPLETELY [X] PARTIALLY [ ] SSA: FULLY [X] CURRENTLY [ ]

33 RAILROAD RETIREMENT ACT

CLOSING DATE	WAGES AND/OR COMPENSATION	DIVISOR	AVERAGE MONTHLY REMUNERATION	INC. YRS.	BASIC AMOUNT
11-12-55	40,741.79	225	181.07	17	95.51

34 SOCIAL SECURITY ACT

OLD PIB FORMULA [ ] REVISED PIB FORMULA [ ]

CLOSING DATE	WAGES AND/OR COMPENSATION	DIVISOR	AVERAGE MONTHLY WAGE	INC. YRS.	PIB	1954 PIA

1952 PIA FORMULA

				1952 PIA	1954 PIA

1954 PIA FORMULA

1-1-55	6860.92	24	285.90		95.51

35 COMPENSATION RECORD

COMPENSATION THROUGH 1948	$ 10,150.94	4%	$ 406.04	
COMPENSATION AFTER 1948	$ 22,128.85	7%	$ 549.04	
TOTAL 126	$ 32,279.79	TOTAL	$ 955.08	

CLAIMS EXAMINER: [signature]

COMPUTER INITIAL: [signature]

COMPUTER VERIFIER: Bartlett

CONFLICT EMPLOYERS

EMPLOYER'S NAME AND ADDRESS	WAGE PERIOD FROM	WAGE PERIOD TO	WAGES COMPENSATION

EARNINGS BY QUARTER

QTR.	YEAR ____	YEAR ____	YEAR ____	YEAR ____	YEAR ____
1					
2					
3					
4					

REMARKS

DEC 21 1955
IDENTIFICATION
RECEIVED

[ ] I CERTIFY THAT THE INDIVIDUAL IDENTIFIED ON THIS FORM WAS NOT INSURED UNDER THE RAILROAD RETIREMENT ACT AND THAT THE SOCIAL SECURITY ADMINISTRATION HAS JURISDICTION.

[X] I CERTIFY THAT THE INDIVIDUAL NAMED AND IDENTIFIED IN THIS FORM WAS INSURED AS DEFINED IN SECTION 5(L)(7) OR 5(L)(8) OF THE RAILROAD RETIREMENT ACT AND THAT THE FACTORS AND COMPUTATIONS OF THE BASIC AMOUNT AND PRIMARY INSURANCE AMOUNT AND THE COMPUTATION OF THE GROSS POTENTIAL RESIDUAL PAYMENT ARE CORRECT. THE FACTORS HERE DETERMINED AND THE COMPUTATIONS HERE MADE, IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF THE RAILROAD RETIREMENT AND/OR SOCIAL SECURITY ACTS AND HERE BASED ON THE WAGE AND COMPENSATION DATA OF THE INDIVIDUAL IDENTIFIED ON THIS FORM. THE USE OF THESE AMOUNTS TO DETERMINE THE AMOUNT PAYABLE TO ENTITLED SURVIVOR(S) OF THE DECEASED WAGE EARNER IS AUTHORIZED.

1-17-56
DATE

[signature]
FOR DIRECTOR OF WAGE AND SERVICE RECORDS

FORM RC- G-77a (11-55) ...ILROAD RETIREMENT BOARD

STATEMENT OF SUBSEQUENT SERVICE AND EARNINGS - SURVIVOR'S CLAIM

1 BLOCK NO. OR SSA OFFICE	14 WAS FORM AA-11A RECEIVED? YES ☐ NO ☐
15 LAST ICC CODE: 64	16 LAST EMPLOYER (PAYROLL REF.): 13021
17 QTRS. OF COVERAGE FROM 1-1-37 TO END OF 22ND BIRTH YEAR: TOTAL _____ WITHOUT MI COMP. _____ MI WAGES _____	18 FIRST REQUEST ☐ AMENDED REQUEST ☐
19 RETURN TO: ☐ CLAIMS FILES ☐ _____	20
2 NAME OF DECEASED EMPLOYEE (LAST): COWGILL (FIRST): C (MIDDLE): D	3 RRB CLAIM NO.: D-30-5341
4 FORMER ADDRESS (STREET AND NUMBER, CITY, ZONE NO., AND STATE): OK	5 SSA ACCOUNT NO.: 214-05-8386
6 DATE OF DEATH: 11-12-55	7 DATE OF BIRTH: 9-22-08
8 DATE CURRENT CLAIM FILED	
9 OASI LAG EMPLOYERS AND ADDRESSES — FROM / TO	10 MILITARY SERVICE — BRANCH _____ FROM _____ TO _____ FROM _____ TO _____ FROM _____ TO _____
RRB LAG EMPLOYERS (18 MOS.) — FROM / TO	VERIFIED BY SSA ☐ RRB ☐ PROOF ATTACHED ☐
11 WORK LOCATION	12 DEPT. AND OCCUPATION
13	

21 YEAR	SERV. MOS.	21A WAGE AND COMPENSATION RECORD — WAGES AND COMPENSATION	CC	INC. YRS.	21B OASI — WAGES	CC	21C CURRENT YEAR TRANSACTIONS & MILITARY SERVICE — SM	COMPENSATION	21D TOTAL — SM	COMPENSATION	CC	21E BROTHERHOOD LOCAL LODGES — SM	COMPENSATION	21F ADJUSTMENTS — SM	COMPENSATION	SM	COMPENSATION	21G BASE YEARS — SM	COMPENSATION	21H MONTHS IN WHICH EMPLOYED — YEAR	J	F	M	A	M	J	J	A	S	O	N	D
PRIOR SERV.																																	
1937		1,630.00	4	1	1,630.00	4															1937											
1938		1,324.00	4		1,324.00	4															1938											
1939		1,200.00	4		1,200.00	4															1939											
1940		1,200.00	4		1,200.00	4															1940											
1941		1,357.00	4		1,357.00	4															1941											
1942		1,431.00	4		1,431.00	4															1942											
1943	10	2,280.76			1,320.00	1			1,760.76		4										1943											
1944	12	3,174.76																			1944											
1945	12	2,794.62																			1945											
1946	9	3,249.96	3																		1946											
1947	12	3,094.45	4																		1947											
1948	12	3,600.45																			1948											
1949	11	3,299.39																			1949											
1950	12	3,289.46																			1950											
1951	12	3,306.46																			1951											
1952	12	3,406.46																			1952											
1953	12	3,392.46																			1953											
1954	2	1,154.23	1	0					1,154.23												1954											
1955																					1955											
1956																					1956											
1957																					1957											
COLUMN TOTALS	138	40,174.99	40	17	5,142.00	35			2,914.99																								

21J — WAGES AND COMPENSATION / CC / INC. YRS.

COMPENSATION ATTRIBUTABLE TO MILITARY SERVICE

WAGES ATTRIBUTABLE TO MILITARY SERVICE (FILL IN ONLY WHEN MILITARY SERVICE BEGAN BEFORE 22ND BIRTH YEAR)

21I TOTAL FROM 52 LEDGER

21K 1946 CUMULATIVE TOTAL — SM 4 / 10150.94

21L BA-4 REF. _____ J.V. REF. _____

SEARCHED BY: _____ DATE: 9-12-57

LEDGER _____ MICRO. _____

March 24, 1956.

Mrs Ruth C Cowgill

Box 61

Wiley Ford W Va.

Railroad Retirement Board

644 Rush St

Chicago 11 Ill.

Sirs

Am writing to you concerning the waiver of rights to annuity. I feel I would like to have residue of payment.

The account number is

R.R.B. No D 305241

Name of deceased employee

Cecil D Cowgill

Thank you.

Mrs Ruth C Cowgill.

RRB FORM NO. G-64 (11-54)

WORK SHEET FOR PREPARATION OF RESIDUAL PAYMENT LETTERS

CLAIM NO. D- 305241

NAME OF DECEASED EMPLOYEE Cecil D. Cowgill

NAME AND ADDRESS OF SURVIVOR: Mrs. Ruth C. Cowgill, Box 61, Wiley Ford, W. Va

SEX OF SURVIVOR: FEMALE [✓] MALE [ ]

1. RESIDUAL PAYMENT	$ 1479.96
[ ] **RRB HAS JURISDICTION – NO INSURED STATUS ON WAGES (RL-38 IF WIDOW)**	
2. MONTHLY INSURANCE ANNUITY AT AGE 60	$
3. TOTAL ANNUITIES GIVEN UP: FEMALE – 221 x ITEM 2; MALE – 197 x ITEM 2	$
[✓] **RRB HAS JURISDICTION – INSURED STATUS ON WAGES (RL-38a IF WIDOW)**	
4. MONTHLY INSURANCE ANNUITY AT AGE 60	$ 71.70
5. MONTHLY SSA BENEFIT AT AGE 65 – WAGES ONLY	$ 37.50
6. MONTHLY AMOUNT GIVEN UP AT AGE 65 (ITEM 4 LESS ITEM 5)	$ 34.20
7. TOTAL AMOUNT GIVEN UP BETWEEN AGES 60–65: 60 x ITEM 4 $ 4302.00	
8. TOTAL AMOUNT GIVEN UP AT AGE 65: FEMALE – 161 x ITEM 6; MALE – 137 x ITEM 6 $ 1506.20	
9. TOTAL AMOUNT GIVEN UP (ITEM 7 PLUS ITEM 8) (WHERE ITEM 6 IS ZERO, OR ITEM 9 IS LESS THAN ITEM 1, DO NOT PREPARE RL-38a)	$ 5808.20
[ ] **SSA HAS JURISDICTION – NO INSURED STATUS ON WAGES (RL-39 IF WIDOW)**	
10. MONTHLY SSA BENEFIT AT AGE 65 – COMBINED WAGES AND COMPENSATION	$
11. TOTAL AMOUNT GIVEN UP: FEMALE – 182 x ITEM 10; MALE – 158 x ITEM 10	$
[ ] **SSA HAS JURISDICTION – INSURED STATUS ON WAGES (RL-39a IF WIDOW)**	
12. MONTHLY SSA BENEFIT AT AGE 65 – COMBINED WAGES AND COMPENSATION	$
13. MONTHLY SSA BENEFIT AT AGE 65 – WAGES ONLY	$
14. MONTHLY AMOUNT GIVEN UP: (ITEM 12 LESS ITEM 13)	$
15. TOTAL AMOUNT GIVEN UP: FEMALE – 182 x ITEM 14; MALE – 158 x ITEM 14 (WHERE ITEM 13 IS AS LARGE AS ITEM 12, DO NOT PREPARE RL-39a)	$

REMARKS:

CLAIMS EXAMINER	DATE	COMPUTER	DATE
D. Vogel 753	3/27/56		

RRB Chicago

RRB FORM NO. G-63c
(7-8)

RESIDUAL PAYMENT SUMMARY

SOCIAL SECURITY ACCOUNT NO.	CLAIM NO.
214-05-8386	D-305241

NAME OF DECEASED EMPLOYEE: Cecil D. Cowgill

1. LUMP SUM UNDER SECTION 5(f)(2) OF 1937 ACT, AS AMENDED, PRIOR TO DEDUCTIONS FOR OTHER BENEFITS:

COMPENSATION THROUGH 1946 $ 10150.94 X .04

COMPENSATION AFTER 1946 $ 22128.85 X .07 . . . . . $ 1955.06

2. DEDUCTIONS FOR OTHER BENEFITS PAID AND ACCRUED:

ITEM	MO. RATE	FROM	TO	NO. MOS.	AMOUNT
(a) EMPLOYEE ANNUITIES					
(b) SURVIVOR ANNUITIES DERIVING FROM JOINT AND SURVIVOR ANNUITIES					
(c) ☐ INSURANCE ANNUITIES ☐ INSURANCE BENEFITS					
(d) ☒ LUMP-SUM DEATH PAYMENT (SECTION 5(f)(1) OF R.R. ACT) ☐ LUMP-SUM DEATH PAYMENT (SECTION 202(g) OF S.S. ACT)					475.10

(e) TOTAL DEDUCTIONS . . . . . $ 475.10

3. RESIDUAL PAYMENT (ITEM 1 MINUS ITEM 2) . . . . . $ 1479.96

REMARKS:

CLAIMS EXAMINER	DATE	COMPUTER	DATE
D. Vogel 753	4/17/5		

RL-141
(4-54)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

APR 9 1956

BUREAU OF RETIREMENT CLAIMS

Mrs. Ruth C. Cowgill
Box 61
Wiley Ford, West Virginia

In reply refer to
R.R.B. No. D-3052[illegible]41

Dear Mrs. Cowgill:

This refers to your inquiry regarding the residual lump sum which may be payable by reason of the death of your husband.

The employment record of your husband indicates that you may be entitled to a widow's benefit under the Social Security Act when you attain age 65. Before we can give you all the facts concerning the residual payment, it is necessary that we know the amount of the widow's benefit to which you may become entitled.

We have requested the Social Security Administration to furnish us with this information and as soon as it is received you will be informed concerning the residual payment.

Very truly yours,

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

fw

ARB Chicago

RL-34
(3-55)

RAILROAD RETIREMENT BOARD - BUREAU OF RETIREMENT CLAIMS

MEMORANDUM

APR 3 1956

Chicago 11, Illinois

Chief, Area Office
Social Security Administration
165 North Canal Street
Chicago 6, Illinois

Attn: Mr. Eli F. Levine

In reply refer to
R.R.B. No. D-305241
S.S.A. No. 214-05-8386
Name of Deceased Employee
Cecil D. Cowgill

SUBJECT: Request for amount of widow's monthly benefit based solely on the above-named deceased wage earner's wage record.

An inquiry has been received from the widow of the above-named deceased employee regarding the residual payment payable under the Railroad Retirement Act. The deceased employee had a current connection with the railroad industry at the time of his death.

In order that we may inform her fully of the consequences of an election of such payment in lieu of future monthly benefits beginning at age 60 under the Railroad Retirement Act based on combined social security wages and railroad compensation, it will be appreciated if you will pre-adjudicate this case and inform us as to the amount of the insurance benefit she may be entitled to at age 65 under the Social Security Act based on wages only, should she elect to receive the residual payment now.

The widow's application and Form RR-1 are enclosed for your information and should be returned with your reply.

Robert H. LaMotte
Director of Retirement Claims

Enclosures
AA-21
RR-1

fw

IN REPLY REFER TO
FILE NO. 14:AO:C1

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

April 11, 1956

BUREAU OF OLD-AGE AND
SURVIVORS INSURANCE

AREA OFFICE:
165 NORTH CANAL STREET
CHICAGO 6, ILLINOIS

Railroad Retirement Board
Bureau of Retirement Claims
844 Rush Street
Chicago 11, Illinois

Re: RRB No. D-305241
SSA No. 214-05-8386
Cecil D. Cowgill deceased wage earner

Gentlemen:

In accordance with your request of April 3, 1956, please be advised that the wage earner is fully insured based solely on his social security wage record, and that the amount of widow's monthly benefit, based only on such social security wages, would be $ 37.50 ~~, based on wages and compensation, would be $ ____~~, as computed under the 1954 Amendments to the Social Security Act.

Sincerely yours,

M. Benjamin
Chief, Area Office

Enclosures (2)

Mimeo #694

4-16 SB

4-17 Computer

Mrs Ruth C Cowgill
Wiley Ford W Va.

April 19, 1956

Railroad Retirement Board
844 Rush Street
Chicago 11 Ill.

Sirs

I am anxiously awaiting to hear from you concerning my lump sum payment which I learn is my privilege. I feel like this is my best move.

Thank you for your service

Respectfully.

Mrs Ruth C Cowgill.

account Number. R.R.B. No D 305 241

Name of deceased Cecil D Cowgill.

RL-38a
(9-55)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

APR 26 1956

BUREAU OF RETIREMENT CLAIMS

Mrs. Ruth C. Cowgill
Box Number 61
Wiley Ford, West Virginia

In reply refer to
R.R.B. No. D-305211
Name of Deceased Employee
Cecil D. Cowgill

Dear Mrs. Cowgill:

As the widow of an employee who died "insured" under the Railroad Retirement Act, you would be entitled at age 60, if you do not remarry, to a monthly widow's insurance annuity under the Railroad Retirement Act based on your husband's employment credits under both the Railroad Retirement Act and the Social Security Act; however, at any time before you are 60, you may give up your right to receive this monthly annuity and receive a residual (lump-sum) payment under the Railroad Retirement Act, and, if you do not remarry, a monthly benefit at age 65 under the Social Security Act based only on your husband's employment under that act.

This means that you may choose to receive either (1) a residual payment of $1479.96 and, beginning at age 65, a monthly benefit of $37.50 under the Social Security Act (based on present provisions of that act), or (2) beginning at age 60, a monthly widow's insurance annuity of $71.70 under the Railroad Retirement Act (based on present provisions of that act). If you choose the widow's insurance annuity under the Railroad Retirement Act and become entitled to a parent's insurance annuity under the Railroad Retirement Act, you will receive only the larger of the two. If you choose the residual payment and the monthly benefit payable at age 65 under the Social Security Act, that monthly benefit would be reduced by the amount of any other monthly benefit to which you may become entitled under the Social Security Act.

Should you elect to receive the residual payment, you will be giving up (assuming that you would not become entitled to a parent's insurance annuity which would exceed your widow's insurance annuity) a monthly annuity of $71.70 between the ages of 60 and 65 and $37.20 a month after you attain age 65. Based on current life expectancy tables, you would draw benefits for 221 months; therefore, you would be giving up a total of $9808.20.

gmc

Even though you decide not to receive the residual payment at this time, it would become payable to you if you should remarry before you are 60. Also, if you decide to receive the monthly annuity at age 60, and should die before reaching that age, the residual benefit would be paid to the deceased employee's surviving children, or parents, or to his estate, in that order.

If you decide to give up your right to receive a monthly annuity at age 60, you must sign an election form which we will send you upon request. Once signed and filed with the Board, this election cannot be revoked or changed in any way. It is important, therefore, that you consider this matter carefully before making a final decision. You may file an election form with the Board at any time before you reach age 60.

Very truly yours,

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

RRB Chicago

RL-38a (9-55)

Wiley Ford W va
May 2, 1956.

Railroad Retirement Board.
844 Rush St
Chicago Ill.

Sirs:

Please send me the election form to sign.
I have thought this matter through and believe I am doing the proper thing.
Thank you for all your trouble.

Account Number
R.R.B. No D3052241
Deceased employee.
Cecil D. Cowgill.

Respectfully
Mrs Ruth C Cowgill
P.O. box 61
Wiley Ford W va.

RL-42
(10-54)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

MAY 10 19[illegible]

BUREAU OF RETIREMENT CLAIMS

Mrs. Ruth C. Cowgill
Post Office Box Number 61
Wiley Ford, West Virginia

In reply refer to
R.R.B. No. D-305241
Name of Deceased Employee
Cecil D. Cowgill

Dear Mrs. Cowgill:

Enclosed is the form you requested in order to elect to receive a residual (lump-sum) payment now instead of monthly benefits in the future.

This form must be completed and signed in the presence of two witnesses, who should also sign their names and give their addresses, in your presence and in the presence of each other, in the spaces provided.

Once you have signed the form and filed it in an office of the Board, you will not be eligible to receive a monthly benefit based in whole or in part on your husband's employment under the Railroad Retirement Act. After an election has been made, it cannot be revoked or changed in any way.

Very truly yours,

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

Enclosure
G-126

RRB Chicago

RL-42
(10-54)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

MAY 10 1956

BUREAU OF RETIREMENT CLAIMS

Mrs. Ruth C. Cowgill
Post Office Box Number 61
Wiley Ford, West Virginia

In reply refer to
R.R.B. No. D-305241
Name of Deceased Employee
Cecil D. Cowgill

Dear Mrs. Cowgill:

Enclosed is the form you requested in order to elect to receive a residual (lump-sum) payment now instead of monthly benefits in the future.

This form must be completed and signed in the presence of two witnesses, who should also sign their names and give their addresses, in your presence and in the presence of each other, in the spaces provided.

Once you have signed the form and filed it in an office of the Board, you will not be eligible to receive a monthly benefit based in whole or in part on your husband's employment under the Railroad Retirement Act. After an election has been made, it cannot be revoked or changed in any way.

Very truly yours,

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

Enclosure
G-126

gmc

RRB Chicago

Mrs Rutte C Cowgill
P.O. box 61
Hiley Ford Va.

United States Of America
Railroad Retirement Board.
844 Rush St
Chicago 11 Ill.

FORM APPROVED
BUDGET BUREAU NO. 70-R173.3

FORM NO. G-126
(9-54)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

ELECTION TO RECEIVE A RESIDUAL PAYMENT INSTEAD OF FUTURE MONTHLY INSURANCE BENEFITS BASED ON SERVICE UNDER THE RAILROAD RETIREMENT ACT

RRB NUMBER: D-305241

NAME OF DECEASED EMPLOYEE: Cecil D. Cowgill

SOCIAL SECURITY ACCOUNT NUMBER OF DECEASED EMPLOYEE: 214-05-8386

IF YOU COMPLETE THIS FORM AND FILE IT WITH AN OFFICE OF THE BOARD, YOU GIVE UP YOUR RIGHTS TO ANY FUTURE MONTHLY INSURANCE BENEFITS THAT MIGHT OTHERWISE BECOME PAYABLE TO YOU UNDER THE RAILROAD RETIREMENT ACT OR THE SOCIAL SECURITY ACT ON THE BASIS OF SERVICE OF THE DECEASED EMPLOYEE NAMED ABOVE UNDER THE RAILROAD RETIREMENT ACT.

After careful consideration I, Ruth C. Cowgill hereby elect to have a lump sum (otherwise known as a residual payment) paid under section 5(f)2 of the Railroad Retirement Act, to myself as widow of Cecil D. Cowgill, in lieu of future monthly benefits that might otherwise become payable to me under either the Railroad Retirement Act or the Social Security Act on the basis of the deceased employee's creditable service in the railroad industry.

In making this election, I fully understand from the Board's letter of April 26, 1956, which I read carefully, that I waive all rights to any further benefits under the Railroad Retirement Act, or under the Social Security Act on the basis of combined credits under both acts, payable by reason of the death of the employee named above. However, I retain my rights to any monthly benefits that may become payable to me at age 65 under the Social Security Act based exclusively on employment of the deceased employee covered by the Social Security Act.

I also understand that this election cannot be revoked or changed in any way after its receipt at any office of the Board.

May 21, 1956. (DATE) Mrs Ruth C Cowgill. (SIGNATURE)

YOUR SIGNATURE MUST BE MADE IN THE PRESENCE OF TWO WITNESSES, WHO MUST WRITE THEIR NAMES AND ADDRESSES IN THE SPACES BELOW.

WITNESSES: We, the undersigned witnesses, hereby certify that this election was subscribed in our presence and in the presence of each on the 19th day of May, 1956, and that the elector declared it to be his (or her) free act and deed.

Cousin Miss Joyce Skanski (SIGNATURE OF WITNESS)	39 Elder Street (NUMBER AND STREET)	Cumberland Maryland (CITY AND STATE)
Sister Mrs C. Lester Leppert (SIGNATURE OF WITNESS)	114 N. 4th (NUMBER AND STREET)	Hamburg, Pa. (CITY AND STATE)

RRB Chicago

W

FORM NO. G-361
(9-50)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

DETERMINATION OF AWARD
RESIDUAL PAYMENT OR SURVIVOR ANNUITY

FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
DECEMBER 18, 1950

1. ADMINISTRATIVE NUMBER NO.

2. [X] FINAL CERTIFICATION
[ ] SUBJECT TO RECERTIFICATION

3. CLAIM NO. D 305241

4. DECEASED EMPLOYEE CECIL D. COWGILL

5. EMPLOYEE'S S.S.A. NO. 214-05-8386

6. DATE OF DEATH 11-12-55

7. SYMBOL	RELATIONSHIP	SYMBOL	RELATIONSHIP	SYMBOL	RELATIONSHIP
W1	WIDOW				

8. SURVIVOR ANNUITY DERIVING FROM JOINT AND SURVIVOR ANNUITY

(a) EMPLOYEE'S NET ANNUITY	$	(b) EMPLOYEE'S ANNUITY UNDER OPTION	$
(c) SURVIVOR ANNUITY	$	(d) SURVIVOR ANNUITY BEGINS	DATE

9. LUMP SUM UNDER SECTION 5(f)(2) OF RAILROAD RETIREMENT ACT OF 1937, AS AMENDED

(a) LUMP SUM PRIOR TO DEDUCTIONS FOR OTHER BENEFITS	COMPENSATION THROUGH 1946 $ 10150.94	X .04	
	COMPENSATION AFTER 1946 $ 22128.35	X .07	$ 1955.06
(b) DEDUCT OTHER BENEFITS			$ 475.10
(c) LUMP SUM PAYABLE			$ 1479.96

10. THE PAYEE NAMED BELOW IN THE CAPACITY SHOWN WAS APPOINTED BY (NAME OF COURT):

ON 19 . THIS IS IN FULL FORCE AND EFFECT.

11. REMARKS:

RL-246
Par. 516

WIDOW ELECTS RESIDUAL PAYMENT
(FORM G-126 FILED 5-31-56)

12. CERTIFICATION OF PAYMENT — FINAL PAYMENT YES [X] NO [ ]

SYMBOL	NAME AND ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT WHOSE NAME ALSO APPEARS BELOW	MONTHLY RATE OR SHARE	BEGINNING DATE	NET AMOUNT PAID
W1	RUTH C. COWGILL	$ ALL		$ 1479.96
	P.O. BOX 61			
	WILEY FORD, W. VA			

EXAMINER [signature] 6/2

COMPUTER

I, THE UNDERSIGNED OFFICER OF THE RAILROAD RETIREMENT BOARD, HEREBY CERTIFY PURSUANT TO LAWFULLY DELEGATED AUTHORITY THAT THE FOREGOING STATEMENTS ARE MY DECISION OF FACT AND LAW AS TO BENEFIT(S) TO BE PAID AND THAT ALL INDICATED BENEFIT(S) ARE IN ACCORDANCE WITH THE PROVISIONS OF THE RAILROAD RETIREMENT ACT OF 1937, AS AMENDED.

DATE JUN 6 - 1958 19 ____ SIGNATURE [signature]
AUTHORIZATION OFFICER

BRB Chicago

RL-24b
(10-54)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

JUN 11 1956

BUREAU OF RETIREMENT CLAIMS

Ruth C. Cowgill
Post Office Box 61
Wiley Ford, West Virginia

In reply refer to
R.R.B. No. D-305241
Name of Deceased Employee
Cecil D. Cowgill

You have been awarded a residual payment of $1479.96 under the Railroad Retirement Act. A check for this amount will be sent to you within a few days.

The residual payment has been awarded to you because you have elected to accept it instead of monthly benefits which you otherwise may have become entitled to receive at age 60 under the Railroad Retirement Act. However, if you do not remarry you may be entitled to benefits at age 65 under the Social Security Act based solely on the wages of the above-named deceased employee that are creditable under that Act. An application for such benefits should be filed with an office of the Social Security Administration when you reach age 65, unless, of course, you have remarried.

If you have any questions about this payment, you may write to this office or call at any of the field offices shown on the enclosed list. In the event you go to a field office, please take this letter with you.

Very truly yours,

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

Enclosure
T-83

np

RRB Chicago

RRB FORM G-91 (9-69)

DESCRIPTION AND CERTIFICATION AS TO ACCEPTABILITY OF EVIDENCE SUBMITTED

1 A: FILE NAME OF EMPLOYEE OR EMPLOYEE APPLICANT: Cecil Delbert Cowgill

B: FILE NAME OF APPLICANT: Ruth C. Cowgill

2 DATE	3 CARD NO.	4 SSA NO.	5 SORT CODE	6 RRB CLAIM NO.
06-14-75	01	214-05-8386	3	

7 DOCUMENTS ESTABLISH: ("X" applicable boxes)

TYPE CODE (COLS. 20-22): 900

		CODE	COLS.
PROOF OF AGE OF EMPLOYEE		0	23
PROOF OF AGE OF ~~SPOUSE OR~~ WIDOW(ER)	X	1	24
PROOF OF AGE OF CHILD		2	25
PROOF OF AGE OF PARENT		3	26
PROOF OF MARRIAGE	X	4	27
PROOF OF RELATIONSHIP		5	28
PROOF OF MILITARY SERVICE		6	29
PROOF OF DEATH OF EMP.	X	7	30

A. BIRTH, RELATIONSHIP, MARRIAGE, AND NAME RECONCILIATION

8 EMPLOYEE

(a) NAME:

(b) DATE OF BIRTH (31 MO. DAY YR. 36):

(c) AGE:

(d) DATE RECORD MADE:

(e) WEIGHT OF RECORD (37 38):

9 ~~SPOUSE OR~~ WIDOW(ER)

(a) NAME: Ruth Katharine Reckley

(b) DATE OF BIRTH (44 MO. DAY YR. 49): 06 21 14

(c) AGE:

(d) DATE RECORD MADE: 04-21-24

(e) WEIGHT OF RECORD (50 51): 51

10 CHILD, PARENT, OR OTHER

(a) NAME:

(b) DATE OF BIRTH (52 MO. DAY YR. 57):

(c) AGE:

(d) DATE RECORD MADE:

(e) WEIGHT OF RECORD (58 59):

11 MARRIAGE

(a) PLACE OF MARRIAGE (CITY AND STATE): Cumberland, Md.

(b) DATE OF MARRIAGE (60 MO. DAY YR. 65): 09 14 30

(c) HUSBAND'S NAME: Cecil Delbert Cowgill

(d) WIFE'S NAME: Ruth Catharine Reckley

12 NAMES OF PARENTS

(a) FATHER'S NAME:

(b) MOTHER'S MAIDEN NAME:

13 NAME RECONCILIATION, IF REQUIRED

"X" BOX(ES) TO SHOW HOW NAMES ARE RECONCILED FOR EACH PERSON (attach affidavits, if needed)

EMPLOYEE	SPOUSE OR WIDOW(ER)	CHILD, PARENT OR OTHER	MARITAL PARTNERS
WITH AFFIDAVITS ☐	WITH AFFIDAVITS ☐	WITH AFFIDAVITS ☐	WITH AFFIDAVITS ☐
WITHOUT AFFIDAVITS ☐	WITHOUT AFFIDAVITS ☒	WITHOUT AFFIDAVITS ☐	WITHOUT AFFIDAVITS ☐

B. TYPE AND AGE VALUES OF DOCUMENTS

14 TYPE OF DOCUMENT ("X" applicable box)

	VALUE
☒ Civil Birth Record ☐ Church Birth/Baptism Record ☐ Birth Registration Notice ☐ Hospital Birth Record or Certificate	30
☐ Physician's or Midwife's Birth Record ☐ Bible or other Family Record	25
☐ Naturalization Record ☐ Military Record ☐ Immigration Record ☐ Passport ☐ Census or Draft Registration Record	20
☐ School Record ☐ Vaccination Record ☐ Insurance Record	15
☐ Labor Union or Fraternal Record ☐ Employer's record	10
☐ Other Records Not Classified Above (Specify)	5

15 AGE OF DOCUMENT ("X" applicable box)

RECORDED - YEARS AFTER BIRTH	VALUE
☐ Record made within 1 year	24
☒ Record made 1 through 10 years	21
☐ Record made 11 through 20 years	18
☐ Record made 21 through 30 years	15
☐ Record made 31 through 40 years	12
☐ Record made 41 through 50 years	9
☐ Record made 51 through 60 years	6
☐ Record made 61 through 70 years	3

C. MILITARY SERVICE

16 NAME OF PERSON AS SHOWN ON EVIDENCE	17 DATE OF BIRTH OR AGE	18 DATE BIRTH OR AGE RECORDED

19 RANK	20 BRANCH (ARMY, NAVY, ETC.)	21 SERIAL NO.

22 DATE ENLISTED OR INDUCTED	23 DATE ENTERED ACTIVE DUTY	24 DATE DISCHARGED OR RELEASED FROM ACTIVE DUTY

25 MEANS OF ENTRY INTO SERVICE: ☐ INDUCTED ☐ CALLED FROM INACTIVE DUTY ☐ ENLISTED ☐ RE-ENLISTED ☐ COMMISSIONED

26 CHARACTER OF DISCHARGE	27 KIND OF DOCUMENT

D. DEATH

28 NAME OF DECEASED AS SHOWN ON EVIDENCE	29 DATE OF DEATH
Cecil DELBERT Cowgill	11-12-55

30 PLACE OF DEATH (CITY AND STATE)	31 KIND OF DOCUMENT
MINERAL, WEST VA.	☒ DEATH CERTIFICATE CORONARY THROMBOSIS

E. INSTRUCTIONS FOR COMPLETING THIS FORM:

32 *Complete all items applicable to the proofs being established. The date of birth and the date of the document must always be completed for each proof of age. If only the age is shown on the document, enter the age and the date of birth established by the document. If the date of the document is not shown, enter the last day of the year estimated to be the date the record was recorded. Also, compute the weight of the document by adding the type value (Item 14) to the age value (Item 15) and enter the total weight value in Items 8(e), 9(e) or 10(e), depending on whose birth date is being established. If multiple documents are used as proof of age for two or three persons, show a symbol after the type and the age of the document as follows:*

APPLICANT	SYMBOL	APPLICANT	SYMBOL
EMPLOYEE	E	WIDOW (WIDOWER)	W
SPOUSE	S	CHILD	C

In a delayed birth registration the weight and date of record should be based on the oldest acceptable evidence used to obtain the delayed birth registration. See the Field Operating Manual or the Retirement Claims Manual for evaluation of proofs.

F. REMARKS AND CERTIFICATION

33 REMARKS:

34 I certify that the data shown on this form was transcribed from document(s) acceptable to the Board.

UNIT OR FIELD OFFICE	SIGNATURE & TITLE OF TRANSCRIBER
#261 Philo, Pa.	M. M. W Littell C/R
	SIGNATURE & TITLE OF REVIEWER: D. Cook-CR

G-91 (9-69)

RRB FORM G-659a (9-66)

CHECK LIST FOR SURVIVOR APPLICATIONS

1. TO D/O: 5-13-75 Out	2. DATE	3. RRB CLAIM NO. D-30 524
4. NAME OF DECEASED EMPLOYEE: CECIL D. COWGILL		5. SSA NO. 214-05-8386

6. EMPLOYEE DIED: COMPLETELY (FULLY) INSURED ☐ RRB ☐ SSA ☐ NEITHER	7. DOD	8. LAST RAILROAD EMPLOYER	9. ☐ WIA BEING PAID AT MA RATE	10. CHECK OUTSTANDING DATED:

11. D/O	12. DATE	13. ☐ FAST PAY CASE
PHILA., PA. 261	05 15 75	☐ HQ SELECTED ☐ FIELD SELECTED ADVANCE NOTICE SENT ☐ FIELD SELECTED NO ADVANCE NOTICE

14. NAME, ADDRESS, AND TELEPHONE NUMBER OF SURVIVOR(S) OR APPLICANT(S)	DATE OF BIRTH	RELATIONSHIP OR TITLE	APPLICATION RECEIVED REQ.	RECEIVED PERSON	RECEIVED MAIL	RECEIVED EMP.	FORM NUMBER
RUTH C. COWGILL PO BOX 98 REHRERSBURG, PA. 19550	06 21 14	WIDOW	X	X			AA-17
933-5730							

	15. REQUIRED FORMS AND DOCUMENTS	ATT.	PREV. SUB.	TO BE SUB.
X	POD 11-12-55	X		
X	POM DOM: 09-24-30	X		
X	POA AND/OR POR OF: WIDOW	X		
X	G-476a	X		
	RL-94-F			
	RL-113			
	POM/S			
	PO PAYMENT B/E:			
	PO PAYMENT LI/E:			
	PO APPT. LEGAL REP.			
	DEPEND. STATEMENT OF PARENT OR G-467			

16. REMARKS

OF! 05-14-75 — M.M.W.

17. FOR HEADQUARTERS USE ONLY

☐ G-73a and att. released on (date)

☐ G-90 ☐ G-88a ☐ G-438 ☐ OA-C794 ☐ RR-90

☐

☐ G-73a not released

RRB FORM G-60 (3-74)

REQUEST FOR SSA WAGE / BENEFIT INFORMATION

PART I

1	RRB Claim Number	1-10	PREFIX: D; SSA: ; CLAIM NUMBER: 3 0 [illegible]
2	BRC Unit Designation (1-SI, 2-SP, 3-BC, 4-SS, 5-RI, 6-RP, 7-P&A, 8-DB, 9-HIO)	11	1

PART II

3	TYPE of Request IN 12 ENTER / RRB ANN. OR IPI: / SEARCH MBR FOR: / IN 13-21 ENTER: 1 / EMPLOYEE / RIB / EE'S A/N 2 / ANY / DIB / OWN A/N 3 / SPOUSE OR SURV. / RIB / OWN A/N 4 / SPOUSE / WIB / EE'S A/N 5 / ANY / ANY EXCEPT RIB, DIB / A/N ON WHICH MAY HAVE FILED 6 / ANY / ANY EXCEPT RIB, DIB (NO SS-5 CHECK) / A/N ON WHICH FILED	12 13-21	2 2 [illegible]
4	NAME (Last name, up to 10 letters, comma, 1st and 2nd initials)	22-34	C O W G I L L , A C
5	Date of Birth	35-40	MO. 0 6; DAY 2 1; YR. 1 4
6	Sex 1-Male 2-Female	41	2
7	Year of Employee Disability Onset	42-43	
	Complete Items 8 through 13 For Employee's PIA Computation on Wages and Compensation		
8	Employee's Annuity Beginning Date	44-49	MO. ; DAY ; YR.
9	Lag Compensation Code (0-NONE; 1-IN DLW YEAR; 2-IN DLW AND PRIOR YEAR)	50	
10	Year of Date Last Worked (DLW) for Railroad	51-52	CENTS
11	Lag Compensation in DLW Year	53-59	CENTS
12	Year Before DLW Year, If in Lag Period	60-61	CENTS
13	Lag Compensation, if any, In Year Before DLW Year	62-68	CENTS
14	Employee Annuity Code: 1-2(a)1; 2-2(a)3; 3-2(a)2; 5-2(a)4 or 2(a)5	69	

PART III

15	Type of Request (Select appropriate code for col. 12 and SS A/N for cols. 13-21 from Item 3)	12 13-21	
16	Name (Last name, up to 10 letters, comma, 1st and 2nd initials)	22-34	
17	Date of Birth	35-40	MO. ; DAY ; YR.
18	Sex 1-Male 2-Female	41	

PART IV

19	Type of Request (Select appropriate code for col. 12 and SS A/N for cols. 13-21 from Item 3)	12 13-21	
20	Name (Last name, up to 10 letters, comma, 1st and 2nd initials)	22-34	
21	Date of Birth	35-40	MO. ; DAY ; YR.
22	Sex 1-Male 2-Female	41	

PREPARED BY	DATE
SCR & DEV.	

G-60 (3-74)

RRB FORM G-73a (8-71)

REQUEST FOR CERTIFICATION OR TRANSFER–SURVIVOR CLAIM

1 WAGE REQUEST FORWARDED TO SSA

DATE _____

3 RRB CLAIM NO. D-305244

8 SSA NO. 214-05-8386

2 NAME OF DECEASED EMPLOYEE (LAST-FIRST INITIAL-MIDDLE INITIAL)

Cowgill, C.D.

☐ FOREIGN RESIDENT

4 DATE OF DEATH	5 DATE OF BIRTH	6 FEMALE	7 PRIOR S.M.
11-22-55	9-22-08	☐	—

9 RSI LAG EMPLOYERS AND ADDRESSES — FROM — TO

10 MILITARY SERVICE

BRANCH _____

FROM _____ TO _____

FROM _____ TO _____

VERIFIED BY ☐ SSA ☐ RRB ☐ PROOF ATTACHED

11 ☐ APPL. F/D OR ☐ DLW

12 COMPUTATION DATA

A ☐ DEC'D REC'D ANN. BEFORE 1948 BASED ON AT LEAST 10 YRS. SERVICE

$_____ (AV. MO. COMP.)

B ☐ DEC'D WAS A PENSIONER

$_____ (AMT. OF PEN.) $_____ (AV. MO. EARN.)

C ☐ SURVIVOR AWARD MADE AFTER 9-5-58; EMPLOYEE DIED BEFORE 2-15-68. BA PREV. COMPUTED BASED ON:

$_____ (AV. MO. REMUN.) _____ (INCREMENT YRS.)

13 EFFECTIVE DATE(S) OF ANNUITY

14 DISABILITY FREEZE ESTABLISHED FROM _____ TO _____

DISABILITY FREEZE ESTABLISHED BY SSA ☐ YES ☐ NO

15 LAG CODES ☐ (1) ☐ (3) ☐ (2) ☐ (4)

16 YEAR BEFORE DEATH LAG			17 YEAR OF DEATH LAG		
YR	SM	COMP.	YR	SM	COMP.

18 ☑ C/C ☐ C/C BROKEN ☐ C/C UNKNOWN

19 COMPUTER PROCESSING CODES:

CODE	TYPE
(21) ☐	"A" CASE
(22) ☐	"A" CASE WITH AMC
(23) ☐	INITIAL "D"
(24) ☐	AME (PENSIONER)
(25) ☐	PA (PENSIONER)
(26) ☑	PREVIOUS AMR BASIC AMOUNT
(45) ☐	GROSS RESIDUAL ONLY
(46) ☐	RRB TRANSFER

20 TYPE OF PAYMENT:

A ☐ LUMP SUM

B ☑ MONTHLY ANNUITY O/M COMP. REQ'D.

C ☐ UNKNOWN O/M COMP. REQ'D.

22 SSA BENEFICIARY

☐ RIB OR DIB

21 JURISDICTIONAL DATA

A ☐ RRB DOES NOT HAVE JURISDICTION

B ☐ RESIDUAL PAID ELECTION MADE

C ☐ RESIDUAL PAID-NO ELECTION SA OR LSDP TO _____

D ☐ CLAIMS MATERIAL ATTACHED

E ☐ BENEFITS DEDUCTIBLE FROM GROSS RESIDUAL $_____

SIGNED _____

DATE _____

23 REMARKS: Update

EXAMINER	UNIT	DATE
HP	DCL	11 1972

G-73a (8-71)

CERTIFICATION OF SERVICE AND COMPENSATION – BASIC AMOUNT AND PIA DETERMINATIONS

1 A YEAR	B COMP SERV MOS.	C WAGE QC MOS EMP PATTERN	D WAGE & COMP QC	E WAGE S/E	F WAGE AG	G COMP M/S QC	H WAGE M/S PATTERN	I WAGES AND/OR COMPENSATION	J TOTAL WAGES AND COMPENSATION
1937 THRU 1950									
3600 51 3700									
52									
53									
3600 54 3900									
4200 55 4250									
56		SSSS	4	4				W2,720.76	2,720.76
57		SSSS	4	4				W2,700.00	2,700.00
58		SSSS	4	4				W3,120.00	3,120.00
4800 59 4550		SSSS	4	4				W3,270.00	3,270.00
4800 60 4800		SSSS	4	4				W3,411.75	3,411.75
61		SSSS	4	4				W3,229.65	3,229.65
62		SSSS	4	4				W3,345.58	3,345.58
4800 63 4900		SSSS	4	4				W3,476.56	3,476.56
4800 64 5400		SSSS	4	4				W2,873.65	2,873.65
65									
6600 66 6600		SSSS	4	4				W770.00	770.00
67		SSSS	4	4				W935.79	935.79
7800 68 7800		SSSS	4	4				W861.00	861.00
69		SSSS	4	4				W830.00	830.00
70		SSSS	4	4				W1,263.00	1,263.00
71		SSSS	4	4				W1,101.00	1,101.00
72		SSSS	4	4				W3,121.00	3,121.00
73		SSSS	4	4				W2,711.00	2,711.00
74		NNCN	1					W50.00	50.00

6 COMPUTATIONS – RRB

C/D		DIVIDEND	D/M	AMR/AMW	I/Y	BASIC AMT. PIA ANN.	FORMULA	BASIC AMT./PIA

COMPUTATIONS – SSA

2 REQUEST RECORD INFORMATION

A NAME	B ACCOUNT NUMBER	C CLAIM NUMBER	D DATE OF BIRTH MO	DAY	YR	E SEX	F TYPE OF REQUEST
COWGILL RC	214-05-8152	D305241	06	21	14	F	AUX

G DATE OF DEATH MO	YR	H APPL. DATE QTR	YR	I ANN. BEG. DATE MO	DAY	YR	J COMP. AF ABD ALLOC.	K ALLEG. BIC	L YR. AGE 65	G-60 REQUEST	M REQ. UNIT	N REQ. BUREAU
											SI	

3 DP & A MASTER FILE INFORMATION CASE ENTERED DPA SYSTEM 06-12-75

A NAME	B ACCOUNT NUMBER	C CLAIM NO.	D DOB MO	YR	E LAST YR. SERV. ICC	YR	F DATE FORM(S) PREPARED
	NO MSTR RCRD						06 25 75

G COMPENSATION DATA	SM	COMPENSATION	H SM THRU 1946	I INC YRS	J INAC. INCOR. ACCT	K LAST YR ACT	L EARMARKINGS SS	RSI	GF	DF	UI-87
TOTAL THRU AGE 65											
TOTAL TO DATE			M GROSS RES.			N EMPLOYER NOS.					ADD
CRED. M/S			O GROSS RES. INCL M/S								
TOTAL INCL. M/S			P 1959 GROSS AMT.			Q PAYROLL IDENT. NO.					

4 SSA WAGE TAPE INFORMATION

A PEND. IND.	B NAME	C DOB MO	YR	D SEX	E BEN STAT	F DIS FRZ	G REQ. QC	H ACQ. QC	I MULT ACCT NO	J PRIOR CLAIM ACTION
	COWGIL	06	14	F			25	40		OA

K SSA WAGES TO DATE	L PIA WAGES ONLY		M FORM RELEASED
39,790.74	169.80	SS-5 CHECKED	RR- 6 REQUIRED

5 SSA MASTER BENEFIT RECORD (MBR) INFORMATION

A NAME	B DATE OF BIRTH MO	DAY	YR	VER.	C SEX	D RR CRED.	E BIC	F LAF CODE	G CURRENT PIA

H BENEFIT DATA MO	YR	MO. RATE	MO	YR	MO. FAM. RATE	I FOURTH RATE	J PART RATE	K TERM DATE MO	YR	L BENEFICIARIES A	B	C	D	E	F	OTHER

M CROSS REFERENCE NUMBER	N HIB EFF. MO	YR	O SMIB EFF. MO	YR	P SMIB PREM.

7 WAGE QC PATTERN

N = NO QC
C = WAGE QC
S = SELF EMPLOYED QC
A = AGRICULTURE QC
M = MILITARY QC
G = GIFT AC
& = LESS THAN $50 OR A CREDIT QC

RR MOS. EMP. PATTERN

0 = NO SERVICE
1 = 1ST MONTH
2 = 2ND MONTH
3 = 1ST & 2ND MOS.
4 = 3RD MONTH
5 = 1ST & 3RD MOS.
6 = 2ND & 3RD MOS.
7 = 1ST, 2ND & 3RD MOS.

8 REMARKS

NO MBR ON FILE

00280

RRB FORM G 90 (4-70)

CERTIFICATION OF SERVICE AND COMPENSATION – BASIC AMOUNT AND PIA DETERMINATIONS

1 A YEAR	B COMP. SERV MOS.	C WAGE QC MOS EMP PATTERN	D WAGE & COMP QC	E WAGE S/E	F WAGE AG	G COMP M/S QC	H WAGE M/S PATTERN	I WAGES AND/OR COMPENSATION	J TOTAL WAGES AND COMPENSATION
1937 THRU 1950									
3600 51 3600									
52									
53									
3600 54 3600									
4200 55 4200									
56		SSSS	4	4				W2,720.76	2,720.76
57		SSSS	4	4				W2,700.00	2,700.00
58		SSSS	4	4				W3,120.00	3,120.00
4800 59 4550		SSSS	4	4				W3,270.00	3,270.00
4800 60 4800		SSSS	4	4				W3,411.75	3,411.75
61		SSSS	4	4				W3,229.65	3,229.65
62		SSSS	4	4				W3,345.58	3,345.58
4800 63 4900		SSSS	4	4				W3,476.56	3,476.56
4800 64 5400		SSSS	4	4				W2,873.65	2,873.65
65									
6600 66 6600		SSSS	4	4				W770.00	770.00
67		SSSS	4	4				W935.79	935.79
7800 68 7800		SSSS	4	4				W861.00	861.00
69		SSSS	4	4				W830.00	830.00
70		SSSS	4	4				W1,263.00	1,263.00
71		SSSS	4	4				W1,101.00	1,101.00
72		SSSS	4	4				W3,121.00	3,121.00
73		SSSS	4	4				W2,711.00	2,711.00
74		NNCN	1					W50.00	50.00

6 COMPUTATIONS – RRB

C/D	DIVIDEND	D/M	AMR/AMW	I/Y	BASIC AMT. PIA ANN.	FORMULA	BASIC AMT./PIA

COMPUTATIONS – SSA

2 REQUEST RECORD INFORMATION

A NAME	B ACCOUNT NUMBER	C CLAIM NUMBER	D DATE OF BIRTH MO	DAY	YR	E SEX	F TYPE OF REQUEST
COWGILL RC	214-05-8152	D305241	06	21	14	F	AUX

G DATE OF DEATH MO	YR	H APPL. DATE QTR	YR	I ANN. BEG. DATE MO	DAY	YR	J COMP AF ABD ALLOC.	K ALLEG. BIC	L YR. AGE 65	G-60 REQUEST	M REQ. UNIT	N REQ. BUREAU
											S1	

3 DP & A MASTER FILE INFORMATION CASE ENTERED DPA SYSTEM 06-12-75

A NAME	B ACCOUNT NUMBER	C CLAIM NO.	D DOB MO	YR	E LAST YR SERV ICC	YR	F DATE FORM(S) PREPARED
	NO MSTR RCRD						06 25 75

G COMPENSATION DATA	SM	COMPENSATION	H SM THRU 1946	I INC YRS	J INAC. INCOR ACCT	K LAST YR ACT	L EARMARKINGS SS	RSI	GF	DF	UI-87
TOTAL THRU AGE 65											
TOTAL TO DATE			M GROSS RES.				N EMPLOYER NOS.				ADD
CRED. M/S			O GROSS RES. INCL M/S								
TOTAL INCL. M/S			P 1959 GROSS AMT				Q PAYROLL IDENT. NO.				

4 SSA WAGE TAPE INFORMATION

A PEND. IND.	B NAME	C DOB MO	YR	D SEX	E BEN. STAT	F DIS FRZ.	G REQ. QC	H ACQ. QC	I MULT ACCT NO	J PRIOR CLAIM ACTION
	COWGIL	06	14	F			25	40		OA

K SSA WAGES TO DATE	L PIA WAGES ONLY		M FORM RELEASED
39,790.74	169.80	SS-5 CHECKED	RR 6 REQUIRED

5 SSA MASTER BENEFIT RECORD (MBR) INFORMATION

A NAME	B DATE OF BIRTH MO	DAY	YR	VER.	C SEX	D RR CRED.	E BIC	F LAF CODE	G CURRENT PIA

H BENEFIT DATA MO	YR	MO. RATE	MO	YR	MO. FAM. RATE	I FOURTH RATE	J PART RATE	K TERM DATE MO	YR	L BENEFICIARIES A	B	C	D	E	F	OTHER

M CROSS REFERENCE NUMBER	N HIB EFF. MO	YR	O SMIB EFF. MO	YR	P SMIB PREM.

7 WAGE QC PATTERN

N = NO QC
C = WAGE QC
S = SELF-EMPLOYED QC
A = AGRICULTURE QC
M = MILITARY QC
G = GIFT AC
& = LESS THAN $50 OR A CREDIT QC

RR MOS. EMP. PATTERN

0 = NO SERVICE
1 = 1ST MONTH
2 = 2ND MONTH
3 = 1ST & 2ND MOS.
4 = 3RD MONTH
5 = 1ST & 3RD MOS.
6 = 2ND & 3RD MOS.
7 = 1ST, 2ND & 3RD MOS.

8 REMARKS

NO MBR ON FILE

00280

RRB FORM G 90 14 701

DETERMINATIONS
INSURED STATUS, BASIC AMOUNT, PIA

9 A 120 SERVICE MOS. — NO ☐ YES ☑
B CURRENT CONNECTION — NO ☐ YES ☑
C ACQUIRED QTS. COVERAGE ____
D REQUIRED QTS. COVERAGE ____
E FIRST QTR. INSURED 11-77-55
F INSURED STATUS — COMPLETELY ☑ FULLY ☑ — PARTIALLY ☐ CURRENTLY ☐
G DATE ATTAINED RETIREMENT AGE ____
H SEX ____

12 RAILROAD RETIREMENT ACT — COMPUTATIONS

CLOSING DATE	WAGES AND/OR COMPENSATION	DIVISOR	AMR/AMW	INC. YRS.	BASIC AMT.	
1-1-75	40742.19	216	188.60	19	58.86	1490
1-1-						
1-1-						
1-1-						

15 SOCIAL SECURITY ACT — COMPUTATIONS

METHOD: 1958 — CURRENT					PIA
1-1-					
1-1-					
1-1-					
1954 PIA FORMULA				1954 PIA	
1-1-					
1-1-					
1-1-					
1952 PIA FORMULA				1952 PIA	
PIB FORMULA — OLD ☐	REV. ☐	PIB METHOD ☐		PIB	

COMP. ____
VER. AJ

17 I CERTIFY THAT THIS REPORT OF SERVICE AND COMPENSATION AND RELATED DATA IS CORRECT ACCORDING TO THE PROVISIONS OF THE RAILROAD RETIREMENT AND SOCIAL SECURITY ACTS AND TO THE RECORDS OF THE BUREAU OF DATA PROCESSING AND ACCOUNTS. THE USE OF THIS DATA TO DETERMINE ELIGIBILITY FOR AND THE AMOUNT OF RETIREMENT OR SURVIVOR BENEFITS IS AUTHORIZED.

7-1-75 — DATE — FOR DIRECTOR DATA PROCESSING AND ACCOUNTS

10 MILITARY SERVICE — ☐ CREDITABLE ☐ NOT CREDITABLE

YEAR	J	F	M	A	M	J	J	A	S	O	N	D

13 MONTHS EMPLOYED (R.R.B.)

YEAR	J	F	M	A	M	J	J	A	S	O	N	D

16 BENEFICIARY STATUS CODES ON SSA WAGE TAPE

+ — Claims status - type unknown
A — Primary beneficiary under 72
B — Spouse under 72
C — Child under 72
D — Aged widow/widower under 72
E — Young widow with child in her care
F — Parent under 72
J — "Prouty" primary beneficiary
K — "Prouty" spouse beneficiary
L — Transitionally insured
M — SMIB only beneficiary
T — HIB only or HIB/SMIB beneficiary

11 NAME ____ ACCOUNT NUMBER ____

14

A YEAR	B MOS. SERV.	C TOT. Q.C.	D MIL. Q.C.	E COMP. Q.C.	F WAGE Q.C.	G INC. YR.	H COMPENSATION		I WAGES		J WAGES AND COMPENSATION	
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												

18 REMARKS

CERTIFICATION OF SERVICE AND COMPENSATION – BASIC AMOUNT AND PIA DETERMINATIONS

1

A YEAR	B COMP. SERV. NOS.	C WAGE QC NOS. EMP. PATTERN	D WAGE & COMP. QC	E WAGE S/E	F WAGE AG	G COMP. M/S QC	H WAGE M/S PATTERN	I WAGES AND/OR COMPENSATION	J TOTAL WAGES AND COMPENSATION
1937 THRU 1950	40		21					$8,962.00 21,958.06	30,420.06
3000 51 3600	12		4					3,306.53	3,306.53
52	12		4					3,468.53	3,468.53
53	12		4					3,392.53	3,392.53
3600 54 2900 4200	2		1					134.54	134.54
4200 55 4200									
56									
57									
58									
4800 59 4550									
4800 60 4800									
61									
62									
4800 63 4200									
4800 64 5400									
65									
6600 66 6600									
67									
7800 68 7800									
69									
70									
71									
72									
73									
74									

2 REQUEST RECORD INFORMATION

A NAME	B ACCOUNT NUMBER	C CLAIM NUMBER	D DATE OF BIRTH MO	DAY	YR	E SEX	F TYPE OF REQUEST
COWGI	214-05-8386	0305241	09	00	08	U	SURV

G DATE OF DEATH MO	YR	H APPL. DATE QTR	YR	I ANN. BEG. DATE MO	DAY	YR	J COMP. AT ASD ALLOC.	K ALLEG. SIC	L YR. AGE 65	M REQ. UNIT	N REQ. BUREAU
11	58										

3 DP & A MASTER FILE INFORMATION

CASE ENTERED DPA SYSTEM 06-12-75

A NAME	B ACCOUNT NUMBER	C CLAIM NUMBER	D DOB MO	YR	E LAST YR. SERV. ICC	YR	F DATE FORM(S) PREPARED
COWGILL CU	214 05 8386	0305241	09	08			06 19 75

G COMPENSATION DATA	SM	COMPENSATION	H $M THRU 1936	I INC. YRS.	J INAC. INCOR. ACCT.	K LAST YR. ACT.	L EARMARKINGS SS	RSI	GF	DF	UI-87
TOTAL THRU AGE 65			43			55	X				
TOTAL TO DATE	128	32,280.19	M GROSS RES. 1,955.09				N EMPLOYER NOS.				A D D
CRED M/S			O GROSS RES. INCL. M/S								
TOTAL INCL. M/S			P 1959 GROSS AMT.				Q PAYROLL IDENT. NO.				

4 SSA WAGE TAPE INFORMATION

A PEND. IND.	B NAME	C DOB MO	YR	D SEX	E BEN. STAT.	F DIS. FRZ.	G REQ. QC	H ACQ. QC	I MULT. ACCT. NO.	J PRIOR CLAIM ACTION
	COWGIL	09	08	M			0	1		OA-

K SSA WAGES TO DATE	L PIA WAGES ONLY	M FORM RELEASED
8,462.00		RR-

5 SSA MASTER BENEFIT RECORD (MBR) INFORMATION

A NAME	B DATE OF BIRTH MO	DAY	YR	VER.	C SEX	D RR CRED	E BIC	F LAF CODE	G CURRENT PIA

H BENEFIT DATA MO	YR	MO. RATE	I MO	YR	MO. FAM. RATE	J FOURTH RATE	PART RATE	K TERM DATE MO	YR	L BENEFICIARIES A	B	C	D	E	F	OTHER

M CROSS REFERENCE NUMBER	N HIB EFF. MO	YR	O SMIB EFF. MO	YR	P SMIB PREM.

6 COMPUTATIONS – RRB

C/D		DIVIDEND	D/M	AMR/AMW	I/Y	BASIC AMT./PIA/ANNS.	FORMULA	BASIC AMT./PIA

COMPUTATIONS – SSA 73 74

1	55	5,861.06	24	244.00		224.90	94	208.26

7 WAGE QC PATTERN

N – NO QC
C – WAGE QC
S – SELF-EMPLOYED QC
A – AGRICULTURE QC
M – MILITARY QC
O – GIFT AC
B – LESS THAN $50 OR A CREDIT QC

RR MOS. EMP. PATTERN

0 – NO SERVICE
1 – 1ST MONTH
2 – 2ND MONTH
3 – 1ST & 2ND MOS.
4 – 3RD MONTH
5 – 1ST & 3RD MOS.
6 – 2ND & 3RD MOS.

8 REMARKS

37-45 COMPENSATION 10,150.99
COMBINED E/R SPC MIN PIA 003.00 – 17 YOC

00015

DSA G-1914-701

RL-28
(1-65)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

BUREAU OF RETIREMENT CLAIMS

Mrs. Ruth Cowgill
Post Office Box 98
Boiling Springs, Pennsylvania 19550

In reply refer to
RRB Claim No. D-20524-1
Name of Deceased
Cecil D. Cowgill

Dear Mrs. Cowgill:

This letter refers to your claim for a widow's insurance annuity under the Railroad Retirement Act.

Under the provisions of the Railroad Retirement Act when a survivor elects to receive a residual lump sum, they, waive rights to all future benefits based on service under the Act.

Our records indicate that you elected to receive a residual lump sum on May 21, 1956. Therefore, you are not entitled to any further benefits under the Railroad Retirement Act.

We have transferred your application to the Social Security Administration. They will determine if you are entitled under the Social Security Act. You will hear from them shortly.

For the reasons stated your claim is denied.

If you have any questions about this letter, contact the nearest office of the Board. If you call in person, bring this letter and any other material about your claim with you.

Very truly yours,

D. M. Smith
Director of Retirement Claims

POWERS:al
7-14-75

8-4
JUN 27 1975

RRB FORM G-73a (8-71)

REQUEST FOR CERTIFICATION OR TRANSFER–SURVIVOR CLAIM

1 WAGE REQUEST FORWARDED TO SSA

DATE _____

3 RRB CLAIM NO. D305241

2 NAME OF DECEASED EMPLOYEE (LAST-FIRST INITIAL-MIDDLE INITIAL) COWGILL, C. D.

☐ FOREIGN RESIDENT

8 SSA NO. 214-05-8384

4 DATE OF DEATH	5 DATE OF BIRTH	6 FEMALE	7 PRIOR S.M.
11-12-55	9-22-8	☐	

9 RSI LAG EMPLOYERS AND ADDRESSES | FROM | TO

10 MILITARY SERVICE

BRANCH _____

FROM _____ TO _____

FROM _____ TO _____

VERIFIED BY ☐ SSA ☐ RRB ☐ PROOF ATTACHED

11 ☐ APPL. F/D OR ☐ DLW

12 COMPUTATION DATA

A ☐ DEC'D REC'D ANN. BEFORE 1946 BASED ON AT LEAST 10 YRS. SERVICE

$_____ (AV. MO. COMP.)

B ☐ DEC'D WAS A PENSIONER

$_____ (AMT. OF PEN.) $_____ (AV. MO. EARN.)

C ☐ SURVIVOR AWARD MADE AFTER 9-5-56; EMPLOYEE DIED BEFORE 2-15-68. BA PREV. COMPUTED BASED ON:

$_____ (AV. MO. REMUN.) _____ (INCREMENT YRS.)

13 EFFECTIVE DATE(S) OF ANNUITY

14 DISABILITY FREEZE ESTABLISHED FROM _____ TO _____

DISABILITY FREEZE ESTABLISHED BY SSA ☐ YES ☐ NO

15 LAG CODES ☐ (1) ☐ (3) ☐ (2) ☐ (4)

16 YEAR BEFORE DEATH LAG			17 YEAR OF DEATH LAG		
YR	SM	COMP.	YR	SM	COMP.

18 ☒ C/C ☐ C/C BROKEN ☐ C/C UNKNOWN

19 COMPUTER PROCESSING CODES:

CODE	TYPE
(21) ☐	"A" CASE
(22) ☐	"A" CASE WITH AMC
(23) ☒	INITIAL "D"
(24) ☐	AME (PENSIONER)
(25) ☐	PA (PENSIONER)
(26) ☐	PREVIOUS AMR BASIC AMOUNT
(45) ☐	GROSS RESIDUAL ONLY
(46) ☒	RRB TRANSFER

Application only not credits

20 TYPE OF PAYMENT:

A ☐ LUMP SUM

B ☐ MONTHLY ANNUITY O/M COMP. REQ'D.

C ☐ UNKNOWN O/M COMP. REQ'D.

22 SSA BENEFICIARY

☐ RIB OR DIB

21 JURISDICTIONAL DATA

A ☐ RRB DOES NOT HAVE JURISDICTION

B ☒ RESIDUAL PAID ELECTION MADE

C ☐ RESIDUAL PAID-NO ELECTION SA OR LSDP TO _____

D ☐ CLAIMS MATERIAL ATTACHED

E ☐ BENEFITS DEDUCTIBLE FROM GROSS RESIDUAL $_____

SIGNED J. Powers

JUN 27 1975

DATE _____

23 REMARKS: SSA has jurisdiction over employee

Do not use RR credits

RRB paid RLS

FILE ONLY

EXAMINER	UNIT	DATE
J. Powers	5I	8-4 JUN 27 1975

G-73a (8-71)

RRB FORM G-35 (2-72)

STATEMENT OF JURISDICTION AND/OR RECORD OF TRANSFER

RRB CLAIM NO. D305241

SSA ACCOUNT NO. 214-05-8386

DECEASED EMPLOYEE'S NAME CECIL D. COWGILL

DATE OF DEATH 11-12-55

BUREAU OF DATA PROCESSING & ACCOUNTS

1 ☐ RRB HAS JURISDICTION–G-73a BEING PROCESSED

2 SSA HAS JURISDICTION
- ☐ CURRENT CONNECTION NOT APPARENT
- ☐ LESS THAN 120 MONTHS OF EMPLOYER SERVICE

_____ MONTHS OF SERVICE AFTER 1936

3
- ☐ RR-14 INITIATED
- ☐ SSA-794 NOT REQUIRED

4 CLAIM TRANSFERRED TO SSA:

APPLICATION FORM NUMBER _____

FIELD OFFICE NUMBER _____

DATE APPLICATION FILED _____

NAME AND ADDRESS OF APPLICANT:

5 GROSS AMOUNT OF RESIDUAL

$ _____

REMARKS:

_____ (PREPARED BY) _____ (DATE)

BUREAU OF RETIREMENT CLAIMS

6 ☐ RRB HAS JURISDICTION-REQUEST FOR RR E/R RETURNED TO SSA

OFFICE: _____ DATE _____

_____ DATE _____

7 CASE TRANSFERRED TO SSA ON BASIS OF:
- ☐ RR-90
- ☐ REQUEST FOR RR E/R TO ☐ PC OR ☐ DO

AT _____ (CITY, STATE)

REASON FOR TRANSFER:
- ☐ CURRENT CONNECTION NOT APPARENT
- ☐ LESS THAN 120 MONTHS OF EMPLOYER SERVICE
- ☒ OTHER

8
- ☐ FORM SS-5 RETURNED
- ☐ FORM OA-702 RETURNED
- ☐ NEITHER FORM IN FILE

9 MATERIAL TRANSFERRED TO SSA:
- ☒ APPLICATION
- ☐ POM ☐ POD ☐ PO M/S
- ☐ POA ☐ G-273a ☐ CC RL-71
- ☐ RL-115 ☒ OTHER (Specify Below): RL28

REMARKS:

appl. for WIA, but has elected & been paid RLS ee ins. at SSA on wage alone

2 Powers (PREPARED BY) 8-4 JUN 27 1975 (DATE)

G-35 (2-72)

RRB FORM RR-24 (6-70)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

BUREAU OF RETIREMENT CLAIMS

Social Security Administration

RRB Claim No.

NOTICE OF ELECTION OF RESIDUAL LUMP SUM UNDER RR ACT

Payment of the residual lump sum (RLS) has been elected in lieu of future monthly survivor benefits based on the Railroad Retirement Act compensation record of the deceased railroad employee.

Name of Deceased RR Employee	RR Employee's SSA No.
Name of Survivor Electing RLS	OA-702 or SS-5: ☐ Attached
Relationship of Survivor to RR Employee: ☐ Widow ☐ Widower ☐ Parent	☐ Not Attached (No Record)

D. M. Smith
Director of Retirement Claims

RRB FORM G-183 (6-74)

DETERMINATION OF DISALLOWANCE OF CLAIM

PART I

EMPLOYEE OR SPOUSE FOR ANNUITY AND/OR CLAIM FOR MILITARY SERVICE

NAME OF APPLICANT _____ CLAIM NO. _____

THE CLAIM BY, OR ON BEHALF OF, THE APPLICANT IS DISALLOWED FOR THE REASON(s) CHECKED BELOW:

EMPLOYEE

REGULAR ANNUITY

(01) ☐ Applicant failed to submit necessary evidence.

(02) ☐ Between age 60 and 62, less than 30 years service, does not claim to be disabled, not qualified under 2(a) 1, or 2(a) 3.

(03) ☐ Between age 60 and 65, (30 years) (less than 30 years) service, current connection, not disabled under 2(a) 4.

(04) ☐ Between age 62 and 65, less than 30 years service, has not applied for reduced annuity, does not claim to be disabled, not qualified under 2(a) 1 or 2(a) 2.

(05) ☐ Less than age 60, not disabled under 2(a) 4.

(06) ☐ Between age 60 and 65, (30 years) (less than 30 years) service, no current connection, not disabled under 2(a) 5.

(07) ☐ Less than age 60, less than 20 years service, not disabled under 2(a) 5.

(08) ☐ Less than age 60, current connection less than 20 years service, not disabled under 2(a) 5.

(09) ☐ Less than age 60, no current connection, not disabled under 2(a) 5.

(10) ☐ Less than 120 months service. Claim transferred to SSA.

(11) ☐ Application cancelled.

(12) ☐ Military service not preceded by required employer service.

(19) ☐ Other reason (INDICATE):

_____

_____

_____

SUPPLEMENTAL ANNUITY

(20) ☐ Less than 25 years service.

(21) ☐ No current connection.

(25) ☐ Other reason (INDICATE):

_____

_____

_____

SPOUSE

(30) ☐ Applicant failed to submit necessary evidence.

(31) ☐ Employee annuitant less than age 65.

(32) ☐ Applicant not wife (husband) under State law.

(33) ☐ Applicant married to employee annuitant less than one year and not the natural parent of his (her) child.

(34) ☐ Wife under age 62 does not have in her care a child (of her husband) who is under age 18, or age 18 or older and permanently disabled.

(35) ☐ Wife between age 62 and 65 does not have in her care a child (of her husband) who is under age 18, or age 18 or older and permanently disabled, and she has not elected to receive a reduced annuity.

(36) ☐ Applicant not "living with" employee.

(37) ☐ Applicant husband was not receiving at least one-half of his support from his wife at the time her annuity began.

(38) ☐ Employee has less than 120 months of service. Claim transferred to SSA.

(39) ☐ Application cancelled.

(45) ☐ Other reason (INDICATE):

_____

_____

_____

_____

CLAIMS EXAMINER (NAME AND NUMBER)	DATE	AUTHORIZER (NAME AND NUMBER)	DATE

PART II — **SURVIVOR FOR DEATH BENEFITS**

NAME OF APPLICANT RUTH C. COWGILL CLAIM NO. D305241

THE CLAIM BY, OR ON BEHALF OF, THE APPLICANT IS DISALLOWED FOR THE REASON(s) CHECKED BELOW:

TYPE OF CLAIM: ☒ INSURANCE ANNUITY (Y) ☐ LUMP-SUM DEATH PAYMENT (Y) ☐ RESIDUAL PAYMENT

(X) ☐ ANNUITIES DUE BUT UNPAID AT DEATH

(50) ☐ Employee not completely or partially insured.
(51) ☐ Not widow or widower under state law.
(52) ☐ Not "widow or widower" under act. (Does not meet marriage duration req.)
(53) ☐ Widow or widower not "living with" employee.
(54) ☐ Widow does not have "in her care" a child who is entitled under act.
(55) ☐ Not child under state law.
(56) ☐ Child not disabled.
(57) ☐ Child not disabled within time limit.
(58) ☐ No adoption or equitable adoption established.
(59) ☐ Step relationship not within time limit.
(60) ☐ Temporary work deductions; initial annuities not paid A/C excess engs.
(61) ☐ Disqualified from inheriting intestate personal property under state law.
(62) ☐ Application not filed within time limit.
(63) ☐ Person with superior right survives.
(64) ☐ Did not pay any part of burial expenses.
(65) ☐ Has been or will be reimbursed for burial expenses.
(66) ☐ Burial expenses paid under contractual obligation or under a plan, system or general practice.
(67) ☐ Nothing to pay distributees.
(68) ☐ Application cancelled.
(75) ☒ Other reason (INDICATE): W/annc. RLS no further benefits payable

CLAIMS EXAMINER (NAME AND NUMBER)	DATE	AUTHORIZER (NAME AND NUMBER)	DATE
L. Powers 274	8-4-75	Peterson 251	8/6/75

PART III — **APPLICANT FOR HEALTH INSURANCE**

NAME OF APPLICANT _____ CLAIM NO. _____

THE CLAIM BY, OR ON BEHALF OF, THE APPLICANT IS DISALLOWED FOR THE REASON(s) CHECKED BELOW:

TYPE OF BENEFICIARY: ☐ EMPLOYEE ☐ SPOUSE ☐ WIDOW(ER) ☐ SURV. DIS. CH. ☐ PARENT ☐ IPI

☐ Applicant failed to submit necessary evidence.
☐ Less than 120 months in service. Transf. to SSA.
☐ (Spouse) Employee less than age 62. Transf. to SSA.
☐ Annuity applicant not eligible for annuity. HI applicant not eligible for coverage.
☐ Applicant not disabled.
☐ Less than age 65.
☐ Other reason (INDICATE): _____

CLAIMS EXAMINER (NAME AND NUMBER)	DATE	AUTHORIZER (NAME AND NUMBER)	DATE

G-183 (6-74)

RRB FORM G-660 (6-73)

CODE SHEET – APPLICATIONS & TICKLERS

CLAIM NO. (COLS. 2-11) D – – – 3 0 5 2 4 1

SECTION I – STATUS AND DISPOSITION OF APPLICATIONS

COLUMN 21 – TYPE OF APPLICATION

	CODE
AGE AND SERVICE ANN.	0
SPOUSE ANN.	1
RET. DISABILITY ANN.	2
SUPPLEMENTAL ANN.	6
RET. DIS. MEDICARE	7
SURVIVOR ANN.	3
SURV. DIS. MEDICARE	8

COLUMN 22 – STATUS OF APPLICATION

	CODE
NEW APPLICATION	0
REACTIVATED	1
RECERTIFIED	2

COLUMN 23 – TYPE OF DISPOSITION

	CODE
FINAL CERTIFICATION	0
CLOSED WITHOUT AWARD	1
PARTIAL CERTIFICATION	5
SUP. ANN. RED. TO ZERO	6

COLUMN 24 – APPLICATION NUMBER CODE (COMPLETE IF COL. 21 IS '3', '7', OR '8')

	CODE
AA-1d	0
AA-17, or AA-17a, or G-476c	1
AA-17b, or AA-17b and AA-17 or AA-17a	8
AA-18	2
AA-19	3
AA-19a	4
AA-19s	7
AA-20	5
AA-21, AA-21a, G-126, AA-3	6

RECEIPTS						DISPOSITION																											
		IF 21 IS '3' '7' '8'	NO. OF APPL.		CLERK					NO. OF APPL.		CODING DATE						ANN. BEG. DATE						G-183		PRODUCTION REPORT EXAM			AUTH			CLERK
21	22	24	25	26		21	22	23	24	25	26	32	33	34	35	36	37	38	39	40	41	42	43	69	70	73	74	75	78	79	80	
3	0	1	0	1		3	0	1	1	0	1	1	8	0	1	1	5							5	5	7	7	4	2	5	1	
6						6																											

SECTION II - TICKLER DATES

ORGANIZATION UNIT

CODE (19)		CODE (19)	
0	DB	8	P&A
1	RI	H	HB
2	SCREENING	R	PAYMENT
4	RP		RECORDS
5	SP	W	WRP
6	SI	X	SQI

EARNINGS REPORT CODES

N	RELEASE ANNUAL POLICING FORM
9	RELEASE POLICING FORM JAN 1 (SURV)

CODES (16-17)	CODES (19)	CALL-UP DATE (20-24)	EXAM.		DATE COMPLETED	EXAM.
				/		
				/		
				/		
				/		
				/		
				/		
				/		
				/		
				/		

CODE (16-17)	REASON FOR CALL-UP
01	ERRONEOUS PAYMENTS
02	ERRONEOUS PAYMENTS TRACER
03	REINSTATEMENT OF PAYMENTS
04	OUTSTANDING CHECK NOT DUE
09	SEC. 2(D) REFUND
11	INVESTIG. OF EMP. & EARN.
13	TRACE G-432
14	PROOF OF AGE
15	G-175a - G-176a - G-181a
16	SF 1184 TRACER
17	DATE OF DEATH
21	CONTINUANCE OF DISABILITY
52	DEFERRED LUMP SUM PAYABLE
53	RESIDUAL PAYABLE
	RETIREMENT MISC.
49	
49	
49	
	SURVIVOR MISC.
99	
99	
99	

SECTION III - REOPENING DATA

REOPENED UNDER B.O. _____

DATE _____

SIGNATURE _____

SECTION IV– NAME AND ADDRESS OF OTHERS TO BE NOTIFIED

G-660 (6-73)

RRB FORM NO. G-660
(2-52)

CLAIM SUMMARY RECORD

CLAIM NO. (1-7) D305241

SECTION I
RETIREMENT ANNUITIES

A.	EMPLOYEE - "A"		B.	SPOUSE - "A"	
-3-	NEW INACTIVE APPLICATION	N.C.	1-0-4	NEW ACTIVE APPLICATION	N.C.
0-0-4	NEW ACTIVE APPLICATION	N.C.	1-1-4	REACTIVATED - NO PREV. AWARD	N.C.
0-1-4	REACTIVATED - NO PREV. AWARD	N.C.	1-2-5	REACTIVATED - PREVIOUS AWARD	P.C.
0-2-5	REACTIVATED - PREVIOUS AWARD	P.C.	1---0	FINAL CERTIFICATION	
0---0	FINAL CERTIFICATION		1---1	CLOSED WITHOUT AWARD	
0---1	CLOSED WITHOUT AWARD		1---5	PARTIAL CERTIFICATION	
0---5	PARTIAL CERTIFICATION				

SECTION II
SURVIVOR ANNUITIES

ANNUITANT "A" EMPLOYEE "D" PENSIONER "H"

2-0-4	NEW SURVIVOR APPLICATION	N.C.	
2-1-4	REACTIVATED - NO PREV. AWARD	N.C.	
2-2-5	REACTIVATED - PREVIOUS AWARD	P.C.	
2---0	FINAL CERTIFICATION		
2---1	CLOSED WITHOUT AWARD		
2---5	PARTIAL CERTIFICATION		

(8)	(9)	DATE (10-13)	(14)	EXAMINER	✓	(8)	(9)	DATE (10-13)	(14)	EXAMINER	✓	(8)	(9)	DATE (10-13)	(14)	EXAMINER	✓
0						1						2		01-3-6	C	[illegible]	
0						1						2		1-31-6	O	[illegible]	
0						1						2		6-7-6	O	[illegible]	
0						1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					

SECTION III
TICKLER DATES

A.	ORGANIZATION UNIT
0	DIV. OF DISABILITY DETERMINATIONS
1	DIV. OF RETIREMENT ANNUITIES
3	DIV. OF SURVIVOR ANNUITIES
7	DIV. OF ADM. SERV. - AUDIT
8	DIV. OF ADM. SERV. - CORRESPONDENCE

B.	REASON FOR CALL-UP
	RELEASE RL-50a
	INVESTIGATION OF EMP. & EARN.
	EMPLOYEE ATTAINS AGE 65
	TRACE REL. OF RIGHTS - 65
	PROBABLE ELIGIBILITY - SPOUSE
	PROOF OF AGE
	RELEASE OF RL-69
	4% L. SUM LIQUIDATED
	DEFERRED LUMP-SUM PAYABLE
	2 YRS. FROM EMP. DEATH
	WIDOW OR PARENT ATTAIN 65
	EXCLUDED BENEF. INITIAL AWARD
	ERRONEOUS PAYMENTS
	ERRONEOUS PAYMENTS TRACER
	REINSTATEMENT OF PAYMENTS

C P	CALL-UP DATE	EXAM.	✓	DATE COMPLETED	EXAM.	✓

SECTION IV
ERRONEOUS PAYMENT DATA

CLASS	DATE	AMOUNT	AMT. RECOV.	BALANCE	✓

SECTION V
REOPENING DATA

REOPENED UNDER B.O. _____

DATE _____

SIGNATURE _____

INITIAL DECISION AFFIRMED

DATE _____

SIGNATURE _____

SECTION VI
CLAIM SUMMARY

PAYEE MR. - MRS. - MISS -

ADDRESS 612-049

NAMES AND ADDRESSES OF OTHERS TO BE NOTIFIED

RRB Chico

FORM APPROVED
O.M.B. NO. 70-R0143

FORM AA-17
(11-77)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

APPLICATION FOR WIDOW'S OR WIDOWER'S INSURANCE ANNUITY

RRB Claim No. . . . . PREF D 305241

Deceased employee's SSA No. 214 05 8386

Field Office No. 243

CODED 30101

BY DATE bcm 11/14/80

Officially Filed . . . MO. 10 DAY 09 YR. 80

BY Neil C. Chase

The information asked for in this application is needed to determine your entitlement to benefits under the Railroad Retirement Act and the correct amount of such benefits. No benefits may be paid unless a completed application form is received (45 U.S.C. 231a).

1 PRINT DECEASED EMPLOYEE'S NAME (FIRST, MIDDLE INITIAL, LAST): CECIL D COWGILL

2 PRINT APPLICANT'S NAME (FIRST, MIDDLE INITIAL, LAST): RUTH C COWGILL

3 ADDRESS: # WILLIAM & CHESTNUT
WYNDCLIFF HSE B25
HAMBURG PA 19526

4 COUNTY: BERKS

5 TELEPHONE NO. 215-562 8352

6 Employee's date of birth . . . . . MO. 09 DAY 22 YR. 08

7 Employee's date of death . . . . . MO. 11 DAY 25 YR. 75

SKIP QUESTIONS 8-14 AND GO ON TO QUESTION 15 IF YOU HAVE PREVIOUSLY FILED FOR DEATH BENEFITS FROM THE RAILROAD RETIREMENT BOARD ON THIS CLAIM NUMBER.

8 Was the employee unable to work because of a disabling condition at the time of death? . . . . . YES [ ] NO [X]

If "Yes," enter the date the disability began . . . . . MO. [ ] DAY [ ] YR. [ ]

9 (a) Was the employee in active military service after September 7, 1939? . . . . . YES [ ] NO [X]
If "Yes," complete (b):
(b) Give branch of service and the inclusive dates of each period of military service:

BRANCH OF SERVICE	BEGAN MO.	BEGAN DAY	BEGAN YR.	ENDED MO.	ENDED DAY	ENDED YR.

10 List all work for hire performed by the employee during the last 3 years of employment:

NAME AND ADDRESS OF EMPLOYER	BEGAN MO.	BEGAN YR.	ENDED MO.	ENDED YR.
B+O RR, Cumberland Md	unk		unk	

11 Was the employee self-employed at any time within the two year period prior to death? . . . . . YES ☐ NO ☒

If "Yes," complete below:

CHECK THE YEAR OR YEARS IN WHICH THE EMPLOYEE WAS SELF-EMPLOYED	IN WHAT KINDS OF TRADE OR BUSINESS WAS THE EMPLOYEE SELF-EMPLOYED?	EMPLOYEE'S NET EARNINGS FROM TRADE OR BUSINESS (CHECK ONE)	
		LESS THAN $400	$400 OR OVER
☐ THIS YEAR			
☐ LAST YEAR			
☐ YEAR BEFORE LAST			

12 Give the following information about each marriage of the employee including the marriage in effect when the employee died:

MARRIAGE DATE	MARRIAGE PLACE	TO WHOM MARRIED	MARRIAGE ENDED HOW (CHECK ONE)		DATE	PLACE
9/24/30	Cumberland MD	Ruth C Reckley	DEATH	X	11/12/55	Wileyford WV
			DIVORCE			
			ANNULMENT			
			DEATH			
			DIVORCE			
			ANNULMENT			
			DEATH			
			DIVORCE			
			ANNULMENT			

13 (a) Were you and the employee living together at the same address when the employee died? . . . YES ☒ NO ☐

If "No," complete (b) and (c):

(b) Give:

DATE SEPARATION BEGAN	REASON FOR SEPARATION

(c) Was the employee contributing to your support or required to do so when he (she) died? . . . . YES ☐ NO ☐

14 If you are the employee's widow, give your maiden name: Reckley

15 (a) Was your marriage to the employee performed by a clergyman or authorized public official? . . . . . YES ☒ NO ☐

If "No," explain: _____

(b) Have you ever been married to anyone other than the employee? . . . . . YES ☐ NO ☒

If "Yes," give the following information about each of your other marriages:

MARRIAGE DATE	MARRIAGE PLACE	TO WHOM MARRIED AND SSA NUMBER*		MARRIAGE ENDED HOW (CHECK ONE)		DATE	PLACE
		NAME		DEATH			
		SSA NO.		DIVORCE			
				ANNULMENT			
		NAME		DEATH			
		SSA NO.		DIVORCE			
				ANNULMENT			
		NAME		DEATH			
		SSA NO.		DIVORCE			
				ANNULMENT			

*If SSA No. is unknown, give former spouse's:

Date and place of birth: _____

Father's name: _____

Mother's maiden name: _____

16 Have you remarried since the death of the employee? . . . . . YES ☐ NO ☒

If "Yes," give date of marriage . . . . . MO. ____ DAY ____ YEAR ____

17 Was the employee survived by any children, including adopted children, stepchildren, or dependent grandchildren, who are now, or were within the last 12 months (but not before the month of the employee's death), unmarried and:

(a) Under age 18; or,
(b) Age 18 to 23 and attending school full-time; or,
(c) Age 18 or older who became permanently disabled before age 22. . . . . YES ☐ NO ☒

If "Yes," complete the following:

NAME AND ADDRESS OF CHILD	DATE OF BIRTH MO.	DAY	YR.	IF CHILD IS AGE 18 OR OLDER, CHECK APPROPRIATE BOX
				☐ FULL-TIME STUDENT ☐ BECAME DISABLED BEFORE 22
				☐ FULL-TIME STUDENT ☐ BECAME DISABLED BEFORE 22
				☐ FULL-TIME STUDENT ☐ BECAME DISABLED BEFORE 22

18 Your date of birth . . . . . MO. 06 DAY 21 YR. 24

19 If you are now, or were in the month of the employee's death, age 50-63, are you permanently disabled for all regular employment? . . . . . n/a . . . YES ☐ NO ☐
If "Yes", also complete Form AA-17b.

20 Enter your social security number. 214 05 8152

21 (a) Have you filed an application for benefits under the Social Security Act? . . . . . YES ☒ NO ☐

(b) If you have filed or expect to file and your claim for social security benefits is based on the earnings record of someone other than yourself or the deceased employee, give that person's name: and SSA No.

(c) If you have been awarded monthly benefits under the Social Security Act, give:

KIND OF BENEFIT (RIB, DIB, ETC.)	BEGINNING DATE OF BENEFIT	PRESENT RATE OF BENEFIT
RIB	1976	$258.80

22 Have you received, or do you expect to receive, monthly benefits under the Railroad Retirement Act based on the employment of someone other than the deceased employee? . . . . . YES ☐ NO ☒

If "Yes," complete the following:

NAME OF PERSON ON WHOSE RECORD THE CLAIM IS BASED	RRB CLAIM NO.
	214 05 8152

23 Have you ever worked in the railroad industry? . . . . . YES ☐ NO ☒
If "Yes," complete (a), (b), (c), and (d):

(a) Give:

NAME OF LAST RAILROAD EMPLOYER	DATE LAST WORKED FOR THIS EMPLOYER: MO.	DAY	YR.

(b) Have you worked in the railroad industry for 120 months or more? . . . . . YES ☐ NO ☐

(c) Place an "X" in each month during which you have worked, or expect to work, this year for an employer in the railroad industry:

JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

(d) If you are filing for benefits beginning before January of this year, place an "X" in each month during which you worked last year for an employer in the railroad industry:

JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

THE ANNUAL AND MONTHLY EARNINGS EXEMPT AMOUNTS FOR ITEMS 24-25 ARE SHOWN ON CERTIFICATION FORM G-476a.

COMPLETE ITEM 24 IF YOU ARE AGE 60 OR OLDER AND YOUR ANNUITY COULD BEGIN BEFORE JANUARY 1ST OF THIS YEAR.

24 (a) Did your TOTAL earnings from ALL employers [illegible]

COMPLETE ITEM 25 IF YOU ARE AGE 60 OR OLDER, OR WILL BECOME AGE 60 THIS YEAR.

25 (a) For THIS entire year, do you expect that your TOTAL earnings from ALL employment will exceed the ANNUAL EARNINGS EXEMPT AMOUNT? . . . . . YES [ ] NO [X]
If "No," skip to item 26.

(b) How much do you expect your TOTAL earnings to be THIS year? (Dollars only) . . . . $ [ ]

(c) Did you, or do you expect to, earn more than the MONTHLY EARNINGS EXEMPT AMOUNT in employment for hire or perform substantial services in self-employment in each month of THIS year? . . . . . YES [ ] NO [ ]
If "No," answer (d).

(d) Place an "X" for each month of THIS year in which you did NOT, or do not expect to, earn more than the MONTHLY EARNINGS EXEMPT AMOUNT in employment for hire and did not, or do not expect to, perform substantial services in self-employment:

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

26 I am applying for an annuity to begin:
(a) On the earliest date permitted by law. (Indicate by "X" in this box:) . . . . . [X]

(b) Later than the earliest beginning date permitted. Give date . . . . . MO. [ ] DAY [ ] YR. [ ]

27 If you are under age 65 on your annuity beginning date, your annuity will be reduced for early retirement. Are you applying for a reduced annuity? . . . . . n/a YES [ ] NO [ ]

MEDICARE

COMPLETE ITEM 28 IF YOU ARE NOT ENROLLED IN THE SUPPLEMENTARY MEDICAL INSURANCE PLAN AT RRB

28 If you are 64 years and 5 months of age or older, you should indicate whether or not you wish to enroll in the Supplementary Medical Insurance plan.
DO YOU WISH TO ENROLL IN THE SUPPLEMENTARY MEDICAL INSURANCE PLAN? . . . . YES [X] NO [ ]
If you are under 64 years and 5 months of age, you will be automatically enrolled for Supplementary Medical Insurance during the first period in which you are eligible unless you indicate, at that time, that you do not wish to be enrolled. Already enrolled and has card.

IF YOU ARE AGE 62 OR OLDER, DISABLED, OR OTHERWISE ELIGIBLE FOR BENEFITS UNDER TITLE II OF THE SOCIAL SECURITY ACT, BUT HAVE NOT FILED AN APPLICATION FOR SUCH BENEFITS, COMPLETE ITEM 29.

29 n/a
If you are eligible but have not filed an application for benefits under Title II of the Social Security Act, your railroad retirement application will be used to protect your filing date for social security benefits, unless you indicate otherwise.

Do you want this application used for a railroad retirement annuity only? . . . . . YES [ ] NO [ ]

REMARKS:

AUTHORIZATION & CERTIFICATION: I AUTHORIZE THE RAILROAD RETIREMENT BOARD TO SECURE ANY INFORMATION FROM THE SOCIAL SECURITY ADMINISTRATION WHICH IS REQUIRED TO DETERMINE MY ENTITLEMENT OR CONTINUING ENTITLEMENT TO BENEFITS UNDER THE RAILROAD RETIREMENT ACT. KNOWING THAT ANYONE WHO MAKES ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER FEDERAL LAW IS COMMITTING A CRIME PUNISHABLE UNDER THAT LAW, I CERTIFY THAT THE DATA I FURNISHED IS CORRECT.

SIGNATURE OF APPLICANT Ruth C. Cowgill

NOTE: IF THIS FORM IS SIGNED BY MARK (X), TWO WITNESSES OR A BOARD REPRESENTATIVE MUST SIGN

1. NAME

2. NAME

AA-17 (11-77)

FORM G-476a (1-80)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

NAME OF EMPLOYEE	RRB CLAIM NO.
Cecil D Cowgill	D305241
NAME OF APPLICANT	**EMPLOYEE'S SS ACCOUNT NO.**
Ruth C Cowgill	214058386
DISTRICT OFFICE ADDRESS	
Altoona PA	

Section 7(b) (6) of the Railroad Retirement Act of 1974 (45 U.S.C. 231f) authorizes the U.S. Railroad Retirement Board to gather information and records necessary to assure proper administration of the Act.

CERTIFICATION BY APPLICANT FOR INSURANCE ANNUITY

I have a booklet (G-476) which tells how work and certain events affect a survivor annuity. The contents have been explained to me.

I understand that I must immediately tell the Board:

- If I work for any employer in the railroad industry, or
- If, in any year in which I am under age 72, I work for a non-railroad employer or I am self-employed and I earn more than the ANNUAL EARNINGS EXEMPT AMOUNT for such year, or
- If I am a widow(er) age 50-64 or a child age 18 or older receiving an annuity based on disability, and I work for ANY employer, or
- If any person for whom I am receiving an annuity works or has earnings as shown above, or
- If I marry, or
- If any other event occurs that may affect my annuity or any annuity I am receiving for someone else.

I also understand that:

- THE 1980 ANNUAL EARNINGS EXEMPT AMOUNT IS $3720, OR IS $5000 IF I WAS BORN BEFORE JANUARY 2, 1916.
- THE 1979 ANNUAL EARNINGS EXEMPT AMOUNT WAS $3480, OR WAS $4500 IF I WAS BORN BEFORE JANUARY 2, 1915.
- THE 1980 MONTHLY EARNINGS EXEMPT AMOUNT IS $310, OR IS $417 IF I WAS BORN BEFORE JANUARY 2, 1916.
- THE 1979 MONTHLY EARNINGS EXEMPT AMOUNT WAS $290, OR WAS $375 IF I WAS BORN BEFORE JANUARY 2, 1915.

Ruth C. Cowgill
(Signature of Applicant)

This form was signed by the applicant,
in my presence, on 10-9-80
(Month) (Day) (Year)
at Altoona Pa.
(City) (State)

Neil C Watts
(Signature of Board Representative)

RRB FORM G-659a (9-66)

CHECK LIST FOR SURVIVOR APPLICATIONS

1. TO D/O:	2. DATE	3. RRB CLAIM NO.
		D-30521

4. NAME OF DECEASED EMPLOYEE	5. SSA NO.
Cecil D Cowgill	214-05-8386

6. EMPLOYEE DIED: COMPLETELY (FULLY) INSURED ☐ RRB ☐ SSA ☐ NEITHER	7. DOD	8. LAST RAILROAD EMPLOYER	9. ☐ WIA BEING PAID AT MA RATE	10. CHECK OUTSTANDING DATED:

11. D/O	12. DATE	13. ☐ FAST PAY CASE
Altoona Pa	101680	☐ HQ SELECTED ☐ FIELD SELECTED ADVANCE NOTICE SENT ☐ FIELD SELECTED NO ADVANCE NOTICE

14. NAME, ADDRESS, AND TELEPHONE NUMBER OF SURVIVOR(S) OR APPLICANT(S)	DATE OF BIRTH	RELATIONSHIP OR TITLE	APPLICATION RECEIVED REQ.	PERSON	MAIL	EMP.	FORM NUMBER
Ruth C Cowgill William & Chestnut	062114	widow		x			AA-17
Wyndcliff Hse B25 Hamburg Pa 19526							
215-562-8352							

15. REQUIRED FORMS AND DOCUMENTS		ATT.	PREV. SUB.	TO BE SUB.
X	POD 11-12-55	X		
X	POM DOM:	X		
X	POA AND/OR POR OF: widow	X		
X	G-476a	X		
	RL-94-F			
	RL-113			
	POM/S			
	PO PAYMENT B/E:			
	PO PAYMENT LI/E:			
	PO APPT. LEGAL REP.			
	DEPEND. STATEMENT OF PARENT OR G-467			

16. REMARKS

Application (AA-17) forwarded to SSA

17. FOR HEADQUARTERS USE ONLY

☐ G-73a and att. released on (date)
☐ G-90 ☐ G-88a ☐ G-438 ☐ OA-C794 ☐ RR-90
☐

☐ G-73a not released

RL-8
(1-63)

RAILROAD RETIREMENT BOARD - BUREAU OF RETIREMENT CLAIMS

Correspondence Transmittal Memorandum

Date 11-18-80

TO: Department of Health, Education, and Welfare
Social Security Administration
Payment Center
Mid-Atlantic
Philadelphia, PA 19123

The attached communication from Ruth C. Cowgill (AA-17, G-91 POM POA POD(EE)) pertains to the case identified below which has been transferred to the Social Security Administration.

Name of Employee CECIL D. COWGILL

R.R.B. Claim No. D 305241 S.S.A. No. 214-05-5356

Writer has been informed of this reference.

Widow elected residual lump-sum in 1956 -
W/E INSURED ON WAGES ALONE

H. P. Gibbons
Director of Retirement Claims

11-18-80

TRIC REQUEST FOR WAGE AND MBR INFORMATION

070

USE THESE NUMERIC CODES FOR ITEMS 10, 11, 32, 33, 43 AND 44:

A-01	C-03	E-05	G-07	I-09	K-11	M-13	O-15	Q-17	S-19	U-21	W-23	Y-25
B-02	D-04	F-06	H-08	J-10	L-12	N-14	P-16	R-18	T-20	V-22	X-24	Z-26

M/S CODES
0 - NONE CLAIMED
1 - CLAIMED AND VERIFIED
2 - TWO PERIODS OF M/S
3 - MORE THAN TWO PERIODS OF M/S

PART I IDENTIFICATION

1. CLAIM NO. (PREFIX CODES: A-1, D-4, H-8) PRE | SSA | CLAIM NUMBER: 4 [ ] [ ] 30 52 47

2. UNIT CODE: 01-RM 03-SM 04-CCR 05-OPR 06-HIO 07-DB 13-BCS 16-RXR 17-RXS: 03

3. RASI RESPONSE: 1-YES 2-NO: 2

4. SS A/N OF RR EE (ONLY ENTER "X" IF A/N IS SAME AS ITEM 1.): X [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

5. [X] ENTER "X" IF NOT COMPLETING PART II

* PART II REQUEST CODES — EMPLOYEE
01 - SER AND MBR ON OWN A/N
04 - MBR ON ANY A/N
13 - RECOMP PIA
90 - SEE RCM 9.1
91 - SEE RCM 9.1

PART II EMPLOYEE REQUEST

6. PAYMENT INDICATION 1-ACTIVE 2-SUSP. 3-TERM. 4-DENIAL:

7. TYPE OF REQUEST *: 10

8. DATE OF BIRTH MO DAY YR: 06 21 13

9. SEX 1 - MALE 2 - FEMALE:

10. SURNAME (FIRST 6 LETTERS) — USE NUMERIC CODES: C [ ] [ ] [ ] [ ] [ ]

11. INITIALS (USE NUMERIC CODES) FIRST MIDDLE: [ ] 03

12. EMPLOYEE'S DF ONSET DATE MO DAY YR:

13. EMPLOYEE'S ABD MO DAY YR:

14. CURRENT CONNECTION 3 - ON 12-31-74 4 - ON ABD:

15. DLW (SR) MO DAY YR:

16. DLW (LPS) MO DAY YR:

17. LAG CODE 1 - NO LAG COMP 2 - LAG-CURRENT YEAR 3 - LAG-CURRENT AND PRIOR YRS:

18. TIER 1 LAG DATA — CURRENT YEAR: YEAR | SM | COMPENSATION; PRIOR YEAR: YEAR | SM | COMPENSATION

19. TIER 2 LAG DATA — CURRENT YEAR: COMPENSATION; PRIOR YEAR: COMPENSATION

20. EE. ANN. CODE (FULL RED. DISAB. 60/30-DF) 74 ACT: 1 2 3 4; 37 ACT: 6 7 8 9:

21. M/S CODE (SEE ABOVE):

22. M/S BEG. DATE (FIRST PERIOD) MO YR:

23. M/S END. DATE (FIRST PERIOD) MO YR:

24. FORCE CODE: X

25. M/S BEG. DATE (SECOND PERIOD) MO YR:

26. M/S END. DATE (SECOND PERIOD) MO YR:

27. VERIFIED PRIOR SERVICE MONTHS:

28. PRIOR SERVICE AVERAGE:

29. [X] ENTER "X" IF NOT COMPLETING PART III

** PARTS III & IV REQUEST CODES
SPOUSE: 03-SER AND MBR ON OWN A/N; 03-MBR ON EE'S A/N; 04-MBR ON ANY A/N; 90-SEE RCM 9.1; 91-SEE RCM 9.1
WIDOW: 03-SER AND MBR ON OWN A/N; 04-MBR ON ANY A/N; 90-SEE RCM 9.1; 91-SEE RCM 9.1
OTHER: 09-MBR ON ANOTHER A/N; 12-SER AND MBR ON OWN A/N; 90-SEE RCM 9.1; 91-SEE RCM 9.1

PART III FIRST AUX REQUEST

30. PAYMENT INDICATION 1-ACTIVE 2-SUSP. 3-TERM. 4-DENIAL:

31. TYPE OF REQUEST **:

32. SEARCH A/N (ONLY ENTER "X" IF SAME AS ITEM 4): X [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

33. SURNAME (FIRST 6 LETTERS) — USE NUMERIC CODES (ONLY ENTER "X" IF SAME AS ITEM 10): X [ ] [ ] [ ] [ ] [ ]

34. INITIALS (USE NUMERIC CODES) FIRST MIDDLE:

35. DATE OF BIRTH MO DAY YR:

36. SEX 1 - MALE 2 - FEMALE:

37. RRB STATUS 0-EE 1-SP:

38. YEAR INSURED STATUS REQUIRED:

39. FORCE CODE: X

40. [X] ENTER "X" IF NOT COMPLETING PART IV

PART IV SECOND AUX REQUEST

41. PAYMENT INDICATION 1-ACTIVE 2-SUSP. 3-TERM. 4-DENIAL:

42. TYPE OF REQUEST **:

43. SEARCH A/N (ONLY ENTER "X" IF SAME AS ITEM 4): X [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

44. SURNAME (FIRST 6 LETTERS) — USE NUMERIC CODES (ONLY ENTER "X" IF SAME AS ITEM 10): X [ ] [ ] [ ] [ ] [ ]

45. INITIALS (USE NUMERIC CODES) FIRST MIDDLE:

46. DATE OF BIRTH MO DAY YR:

47. SEX 1 - MALE 2 - FEMALE:

48. RRB STATUS 0-EE 1-SP:

49. YEAR INSURED STATUS REQUIRED:

50. FORCE CODE: X

PREPARED BY: KOK

DATE: 11-18-80

RL-28
(1-65)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

BUREAU OF RETIREMENT CLAIMS

Mrs. Ruth C. Cowgill
William & Chestnut
Wyndcliff House B-25
Hamburg, PA 19526

NOV 21 1980

In reply refer to
RRB Claim No. D 305241
Name of Deceased
Cecil D. Cowgill

Dear Mrs. Cowgill:

This letter refers to your claim for a widow's insurance annuity under the Railroad Retirement Act.

Under the provisions of the Railroad Retirement Act, rights to all future benefits based on railroad service are waived when a survivor elects to receive the residual lump-sum payment.

Since you elected to receive the residual lump-sum payment on May 21, 1956, you are not entitled to any further benefits under the Railroad Retirement Act.

However, since your husband was insured under the Social Security Act, based on his social security earnings alone, you may be eligible to receive benefits under that act. We have forwarded your application to the Social Security Administration's Mid-Atlantic Program Service Center in Philadelphia, PA. You should hear from them shortly.

For the reasons stated your claim is denied.

If you have any questions about this letter, contact the nearest office of the Board. If you call in person, bring this letter and any other material about your claim with you.

Very truly yours,

H. P. Gibbons

H. P. Gibbons
Director of Retirement Claims

cc: District Office
Altoona, PA

APM
11-21-80

If you believe the decision on your claim is incorrect, you may ask that the decision be reconsidered based on additional evidence you may have. If you have no additional evidence or statements to submit, you may ask for more details as to the reason for the decision.

If you still disagree with the decision after the claim has been reconsidered or additional information furnished, you may appeal to the Bureau of Hearings and Appeals. If an appeal is made, it must be submitted on the form provided by the Board and must be received at an office of the Board within one year from the date of this letter.

PART II

SURVIVOR FOR DEATH BENEFITS

NAME OF APPLICANT Cecil D. Cowgill CLAIM NO. D 305241

THE CLAIM BY, OR ON BEHALF OF, THE APPLICANT IS DISALLOWED FOR THE REASON(s) CHECKED BELOW:

TYPE OF CLAIM: ☒ INSURANCE ANNUITY Ⓨ ☐ LUMP-SUM DEATH PAYMENT Ⓨ ☐ RESIDUAL PAYMENT

101 ⊗ ☐ ANNUITIES DUE BUT UNPAID AT DEATH

(50) ☐ Employee not completely or partially insured.
(51) ☐ Not widow or widower under state law.
(52) ☐ Not "widow or widower" under act. (Does not meet marriage duration req.)
(53) ☐ Widow or widower not "living with" employee.
(54) ☐ Widow does not have "in her care" a child who is entitled under act.
(55) ☐ Not child under state law.
(56) ☐ Child not disabled.
(57) ☐ Child not disabled within time limit.
(58) ☐ No adoption or equitable adoption established.
(59) ☐ Step relationship not within time limit.
(60) ☐ Temporary work deductions; initial annuities not paid A/C excess engs.
(61) ☐ Disqualified from inheriting intestate personal property under state law.
(62) ☐ Application not filed within time limit.
(63) ☐ Person with superior right survives.
(64) ☐ Did not pay any part of burial expenses.
(65) ☐ Has been or will be reimbursed for burial expenses.
(66) ☐ Burial expenses paid under contractual obligation or under a plan, system or general practice.
(67) ☐ Nothing to pay distributees.
(68) ☐ Application cancelled.
(75) ☒ Other reason (INDICATE): widow elected residual in 1956

☐ Closed Without Award

CLAIMS EXAMINER	DATE	AUTHORIZER	DATE	CODE CLERK	DATE
Y. Ofuje 272	11/20/80	464 Sandra P. Norris	NOV 21 1980	03	11/21/80

PART III

APPLICANT FOR HEALTH INSURANCE

NAME OF APPLICANT _____ CLAIM NO. _____

THE CLAIM BY, OR ON BEHALF OF, THE APPLICANT IS DISALLOWED FOR THE REASON(s) CHECKED BELOW:

TYPE OF BENEFICIARY: ☐ EMPLOYEE ☐ SPOUSE ☐ WIDOW(ER) ☐ SURV. DIS. CH. ☐ PARENT ☐ IPI

☐ Applicant failed to submit necessary evidence.
☐ Less than 120 months in service. Transf. to SSA.
☐ (Spouse) Employee less than age 62. Transf. to SSA.
☐ Annuity applicant not eligible for annuity. HI applicant not eligible for coverage.
☐ Applicant not disabled.
☐ Less than age 65.
☐ Other reason (INDICATE): _____

CLAIMS EXAMINER	DATE	AUTHORIZER	DATE	CODE CLERK	DATE

G-183 (12-76)

RRB FORM G-183 (12-76)

DETERMINATION OF DISALLOWANCE OF CLAIM

PART I

EMPLOYEE OR SPOUSE
FOR ANNUITY AND/OR CLAIM FOR MILITARY SERVICE

NAME OF APPLICANT _____ CLAIM NO. _____

THE CLAIM BY, OR ON BEHALF OF, THE APPLICANT IS DISALLOWED FOR THE REASON(s) CHECKED BELOW:

EMPLOYEE

REGULAR ANNUITY

(01) ☐ Applicant failed to submit necessary evidence.

(02) ☐ Between age 60 and 62, less than 30 years service, does not claim to be disabled, not qualified under 2(a)(1)(i) or 2(a)(1)(iii).

(03) ☐ Between age 60 and 65, (30 years) (less than 30 years) service, current connection, not disabled under 2(a)(1)(iv)

(04) ☐ Between age 62 and 65, less than 30 years service, has not applied for reduced annuity, does not claim to be disabled, not qualified under 2(a)(1)(i) or 2(a)(1)(ii).

(05) ☐ Less than age 60, not disabled under 2(a)(1)(iv).

(06) ☐ Between age 60 and 65, (30 years) (less than 30 years) service, no current connection, not disabled under 2(a)(1)(v).

(07) ☐ Less than age 60, less than 20 years service, not disabled under 2(a)(1)(v).

(08) ☐ Less than age 60, current connection less than 20 years service, not disabled under 2(a)(1)(v).

(09) ☐ Less than age 60, no current connection, not disabled under 2(a)(1)(v).

(10) ☐ Less than 120 months service. Claim transferred to SSA.

(11) ☐ Application cancelled.

(12) ☐ Military service not preceded by required employer service.

(19) ☐ Other reason (INDICATE):

_____

_____

_____

SUPPLEMENTAL ANNUITY

(20) ☐ Less than 25 years service.

(21) ☐ No current connection.

(25) ☐ Other reason (INDICATE):

_____

_____

_____

SPOUSE

(30) ☐ Applicant failed to submit necessary evidence.

(31) ☐ Employee annuitant less than age 65.

(32) ☐ Applicant not wife (husband) under State law.

(33) ☐ Applicant married to employee annuitant less than one year and not the natural parent of his (her) child.

(34) ☐ Wife under age 62 does not have in her care a child (of her husband) who is under age 18, or age 18 or older and permanently disabled.

(35) ☐ Wife between age 62 and 65 does not have in her care a child (of her husband) who is under age 18, or age 18 or older and permanently disabled, and she has not elected to receive a reduced annuity.

(36) ☐ Applicant not "living with" employee.

(37) ☐ Applicant husband was not receiving at least one-half of his support from his wife at the time her annuity began.

(38) ☐ Employee has less than 120 months of service. Claim transferred to SSA.

(39) ☐ Application cancelled.

(45) ☐ Other reason (INDICATE):

_____

_____

_____

_____

CLAIMS EXAMINER	DATE	AUTHORIZER	DATE	CODE CLERK	DATE

re: Cecil D. Cowgill

"The Lord watch between me and thee, when we are absent one from another." D-30524

—Genesis 31:49

Aug 10, 1981

Railroad Retirement Board
Federal Bld Box 6
Harrisburg, Pa.

Dear Mr Helsel.

In regard to Railroad Retirement Check for $1955.09 of May 1956; I have no record neither do I recall having received the check.

Thank you for consideration

Sincerely Mrs Ruth C. Cowgill

RAILROAD RETIREMENT BOARD - - INTEROFFICE COMMUNICATION G-115x

SPEED MEMO

TO Bureau of Retirement Claims

FROM District Office - Harrisburg PA

SUBJECT D-305241 - Cecil D Cowgill, deceased

Ruth Cowgill, widow
~~Wyndcliffe House Apt B-25~~
Wm & Chestnut
Hamburg PA 19526

215-562-8352

MESSAGE	YOUR REPLY
DATE 08-11-81	DATE 8/26/81
Altoona Pa D O advised widow that she applied for and was issued a check on 05-21-56, in the amount of $1,955.09 RLS.	The widow did get rls check - but it was for the amt of 1479.96 (not 1955.06). Off to a good start!
Widow has now contacted this office, stating and insisting that she has always kept very good records and has no record or knowledge of ever receiving this check and feels she should be entitled to a widow's RRB Annuity as her deceased husband was working for the B & O RR when he died 11-10-55.	You are correct about not being able to get checks going back that far. If she remembers the ck for 1479.96 rec'd on 6-11-56 she remembers the rls check.
Widow wishes to be advised if it is possible to show her a photostat of the check. I did not know if you can go back that far to get a record of the check or not and if not, can you give us any additional information or proof to satisfy her and to make her feel we have given her the Hall Mark of Service.	If she's not satisfied I can make copies of election, letters about rls amt & rls award letter.
Thank you!!!	
SIGNED: N. L. Helsel ~~N. L. Helsel, D.M.~~	SIGNED: Claus C/S X4688

RAILROAD RETIREMENT BOARD - - INTEROFFICE COMMUNICATION

G-115x

SPEED MEMO

TO BRC - SM-6

FROM District Office - Harrisburg, PA

SUBJECT D 305241 Cecil D. Cowgill, deceased
Ruth Cowgill, widow
Wyndcliffe House Apt B-25
Wm & Chestnut
~~Hamburg, PA 19526~~
215-562-8352

MESSAGE	YOUR REPLY
DATE 09-01-81	DATE 9-15-81
Please refer to your 08-26-81 reply to my 08-11-81 speed memo. The widow insists she does not remember ever receiving a check in the amount of $1479.96 or any letters referring to such a check. Therefore, it would be appreciated if you would send me copies of election letters about RLS amount and RLS award letter. I have advised the widow we are no longer able to furnish her a photostat of the check since the law does not require checks to be kept for such a long number of years. Thanks.	See attached copies regarding RLS election.
SIGNATURE H L Helsel/pay	SIGNATURE